

Name(s): _____

Address: _____

Home Phone: _____ Office Phone: _____ Fax: _____

E-mail: _____ Profession: _____

Passport # _____ Nationality _____ Date of Exp. _____

(It is suggested that you carry a copy of your passport in case of loss)

Emergency Contact Person & Phone _____

Trip Accomodations Preference

I am traveling with my companion & would like a room with twin beds _____ double/queen bed _____

I am traveling alone and would like to share accomodations if possible _____

I would like a single room _____ (single supplement \$300)

I/We would like to reserve _____ space/s on Atelier Feyerabends Art and Design Tour Berlin 2008
(\$2,900.00 per person)

_____ Enclosed is a check for _____ (\$500 per person deposit) or payment in full.

_____ We are interested in travel insurance, please send information

_____ I/We have signed the terms & conditions form (must be complete to confirm registration)

I am looking forward to traveling and exploring with you! – Hans Feyerabend

Atelier Feyerabend • 3863 Shipping Avenue • Miami, FL 33146 • Tel 305 569 9990/cell 305 281 6094
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