

Registration Form : SEPTEMBER 17-28, 2011

PLEASE PRINT CLEARLY

First Name (exactly as on passport) :	Family Name (exactly as on passport) :
Address :	
City/Town :	Province :
Postal code :	Fax : ()
Home phone : ()	Office phone: ()
E-mail address :	
Birthday :	dd / mm / yyyy
Male <input type="checkbox"/> Female <input type="checkbox"/>	Marital Status :
Person to contact if necessary :	
First Name :	Family Name :
Address :	
City/Town :	Tel. :

Price: \$3,790.00 (\$3,590.00 if booked before May 12, 2011)

- I wish to room with (specify name) :
- I travel alone and wish to room with another pilgrim
- Room with twin beds ou Room with 1 double bed
- I opt for single occupancy. Total price : \$4,390.00**
- I want the « Early bird » discount of \$200.00. (Only valid if registered before May 12 2011)**

Travel Insurance : Please select one of the options (A ou B)

Option A : Includes travel insurance before and after departure date, luggage insurance, health and life insurance

Option B : Same as Option A, but without health insurance

Option A : All inclusive		Option B : No health insurance	
Up to 59 yrs old	: \$ 256.06	Up to 59 yrs old	: \$ 222.36
From 60 to 64 yrs old inclusively	: \$ 313.03	From 60 to 64 yrs old inclusively	: \$ 251.79
From 65 to 69 yrs old inclusively	: \$ 374.37	From 65 to 69 yrs old inclusively	: \$ 283.40
From 70 to 74 yrs old inclusively	: \$ 500.22	From 70 à 74 yrs old inclusively	: \$ 322.64
75 yrs old & over : quotation on request		75 yrs old & over : quotation on request	

PRICES SUBJECT TO CHANGE WITHOUT NOTICE

→ I choose : **Option A** **Option B** **I don't need any insurance**

→ I have read and accept all the conditions listed in the pilgrimage program.

Signature (mandatory) : _____

Cont'd on reverse

Payment by cheque :

Once completed and signed, please send this registration form along with a cheque covering both your \$500 deposit and the insurance premium for the option selected.

Deadline for final payment : July 15, 2011

The cheque must be made out to :

« VOYAGES INTER-MISSIONS INC. »

Payment by credit card:

Name as it appears on the card : _____

Visa **Master Card** **Number :** _____

Expiry Date : _____ \ _____

Signature : _____

Mail registration form and payment to :

VOYAGES INTER-MISSIONS INC.
300 Léo Pariseau #2205
Montréal, Qc
H2X 4B3

Tel. : 514-288-6077
