



REGISTRATION FORM

Three Glorious Days in Prague

With Food and Culinary Professionals Dietetic Practice Group Academy of Nutrition and Dietetics

DATES: May 28-31, 2019

PARTICIPANT INFORMATION

NAME: (as in passport) **FIRST:** _____ **MIDDLE:** _____ **LAST:** _____

PASSPORT NUMBER: _____ **EXPIRATION DATE:** _____

ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

TELEPHONE NUMBER: (_____) _____ - _____ **EMAIL:** _____

EMERGENCY CONTACT NAME: _____ **TELEPHONE NUMBER:** (_____) _____ - _____

FCP MEMBERSHIP DETAILS

ARE YOU AN FCP MEMBER?: YES NO

A FRIEND OF FCP?: YES NO

NOTE: all non-members must enroll as a Friend of FCP to participate. Contact the FCP office at fcp@quidnunc.net for an application.

DIETARY RESTRICTIONS

ANY FOOD ALLERGIES OR SPECIAL DIETARY NEEDS: (please explain)

TRIP COSTS & PAYMENT INSTRUCTIONS

SELECT ONE:

WITH ONE-WAY FLIGHT INCLUSION:

- \$1,470.00 **From Budapest to Prague with transfers**
Single Supplement \$225 (at the end of main tour for Group 1: 19 – 28 May, 2019)
- \$1,470.00 **From Prague to Vienna with transfers**
Single Supplement \$225 (at the beginning of main tour for Group 2: 31 May – 4 June, 2019) per person in shared twin room 4 star hotels

WITHOUT ONE-WAY FLIGHT INCLUSION:

- \$1,221.00 **per person in shared twin room**
Single Supplement \$225 **4 star hotels**

DEPOSIT \$350.00

NOTE: To secure a spot, this form must be completed and submitted with a deposit of \$350.00 per person.

Balance is due 65 days before departure.

Group 1 – due by March 15

Group 2 – due by March 25

Participants will be invoiced. Payment can be made by personal check or by any major credit card.

TO PAY BY CHECK: Please make check payable to Perillo Tour and mail along with completed form to:

Perillo Tours
577 Chestnut Ridge Road
Woodcliff Lake, NJ 07677

TO PAY BY CREDIT CARD: Please complete the credit card authorization.

ROOM PREFERENCES

I AM REQUESTING:

- Single room
- Double room **1 or 2 beds?** _____
- Rooming with _____

CREDIT CARD AUTHORIZATION

CARDHOLDER INFORMATION

NAME: _____

BILLING ADDRESS

STREET: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

CREDIT CARD TYPE

- MASTERCARD
- VISA
- AMERICAN EXPRESS
- DISCOVER

CARD NUMBER: _____ **EX DATE:** _____ **SEC CODE:** _____

SIGNATURE: _____ **DATE:** ____ / ____ / _____

Please review the Terms & Conditions and sign below. Your signature assumes acceptance.

SIGNATURE _____ **DATE** _____