

Portugal for Women 2025 - Registration Form

Participant

Name (as it appears in passport): _____

Date of Birth: month _____ day _____ year _____

Street Address: _____ Apartment: _____

City: _____ Province/State: _____

Postal Code/ Zip: _____ Country _____

Home Telephone: _____

Work Telephone: _____

E-mail: _____

Please reserve a place for:

Portugal for Women 2025 _____

Sharing with _____

Single __yes_____

I am willing to share with another participant _____

Non-smoker only _____

**If you wish to pay by cheque, please make your cheque payable to:
Tillsonburg Travel All cheques must be in USD.**

Return completed form to:

Tillsonburg Travel
Attention: Nancy Walsh
175 Broadway
Tillsonburg, On. Canada
N4G 3Pg

Please fill in the second page of this document and return it with this registration.

CREDIT CARD AUTHORIZATION FORM:

(All credit card charges will be processed by Tillsonburg Travel)

Date: _____

_____ I authorize Tillsonburg Travel
sign please

to charge the amount of _____ Deposit \$300.00 USD per person

to charge the amount of _____ Balance outstanding at time of Final
Payment: Final payment due November 1, 2024

to my: _____ Visa, _____ Mastercard

Card # _____ Expiry Date: _____

(CVV# 3 digits on the back of your credit card) _____

Name on card (**please print**): _____

Cardholder signature: _____

Date: _____

Billing Address: _____

City/Province/State: _____

Country _____

GOING PLACES TOGETHER

IN ASSOCIATION WITH:
Tillsonburg Travel
175 Broadway
Tillsonburg, Ontario
Canada N4G3P9

TICO # 2053930