

Let's See Western Canada 2017 Registration Form

Participant 1

Name (as it appears in passport): _____

Date of Birth: _____

Participant 2

Name (as it appears in passport): _____

Date of Birth: _____

Street Address: _____ Apartment: _____

City: _____ Province/State: _____

Postal Code/ Zip: _____ Country _____

Home Telephone: _____

Work Telephone: _____

E-mail: _____

Please reserve ____ place(s) for

- Let's See Western Canada 2017**
- Rocky Mountaineer Silver Level** _____
- Rocky Mountaineer Gold Level** _____
- I plan to share hotel accommodations with: _____
- I am willing to share with another participant

Non-smoker only

Attached is my cheque in the amount of \$

Please make cheque payable to: Vision Travel Solutions

Return this completed form to:

Going Places Together – 134 Delamere Ave. Stratford, Ontario, CANADA N5A4Z5

For payment by credit card, 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 Vision Travel Solutions, or their travel supplier)

Date: _____ I authorize Vision Travel Solutions, or their
tour provider:

_____ sign please

to charge the amount of _____

: _____

: _____

to my: _____ Visa, _____ Mastercard, _____ American Express

Card # _____ expiry date: _____

Name on card (please print): _____

Cardholder signature: _____

Date: _____

Billing Address: _____

City/Province/State: _____

Country _____

Postal Code/zip: _____

Telephone: _____ Fax: _____

Email: _____