REGISTRATION FORM

Please use a separate form for each person traveling.

Contact Information

Full name (by C a	apital Letters) atta	ched with your passport na	me page	Please check all that apply:	
First	Middle	Last		I will attend April 12 – 20, 2025 trip	
Your Chamber name:				_	
				for an additional USD\$800	
		St:Zip		☐ I will pay for deposit by my credit card	
Phone:		Fax:		At \$400	
E-mail (by Capit	al Letters):			I enclosed my deposit check \$400	
Who you are sha	aring a room with: _				
Who you would I	ike to travel with: _				
Type of Room (p	lease check one):	□ 1 King Bed □ 2	Queen Beds	□ Triple Beds	
		DU DO NOT PAY THE SINGL has the same itinerary .	E SUPPLEMENT	you will be paired with another passenger of same	
The balance is d	ue on or before Dec		, ,	stration and is included in your total tour fare.	
□ Credit Card #		Exp. Date	CVV Code	Name on Card	
□ A valid pacer	oort is on nassanga	rs' rosponsibility. Places at	tached the ineq	copy of your passport information page.	
			<i></i>		
Signature Ynez Ave., # 205	5, Monterey Park, C	Please mail registration A 91754 ♦ Toll Free (844) 2	i to chamber. Toi 262-1100, Email:	ur Operator: Citslinc International, Inc. 108 N. : citslinc@yahoo.com Website: www.citslinc.org	
from your total 2024 you will b the USD\$400 r Securing or up	tour fare, the balan be at a loss of USD\$ non-refundable regi	ce of which will be due by E \$500 on top of the USD\$40 stration fee).	Dec 15, 2024. If y 0 registration fee	at the time you register. This will be deducted you need to cancel the trip for any reason Dec 15, e, otherwise you will receive a full refund (minus d 6 months past travel date. The U.S. and	
There will be a your questions	valuable pre-tour b and familiarize you	riefing for all participants; c	to know. Citslinc	cation will be announced. We will answer all of International Inc. has 38 years of experience in our satisfaction.	