

per person (double occupancy)

Please use a separate registration form for each person traveling.
Photocopies are accepted.

Visa (choose one)

The Capital Region Chamber and Citslinc International present a nine-day trip to experience the wonders of China.

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| Name: (exactly as it appears on your passport) | ☐ Please handle my visa application. | | | |
|--|--|--|--|--|
| Last | (additional \$180 fee required) | | | |
| First Middle | □ I will handle my visa application. | | | |
| Street address | All travelers are required to have a visa. | | | |
| City State Zip | | | | |
| Phone | Travel Insurance | | | |
| E-mail address | Travel Guard Insurance offered through Plaza Travel. Pricing varies depending on age and cost of trip. Contact Plaza Travel directly at 518.785.3338. Please note: Travelers must enroll within 14 days of deposit for pre-existing conditions. | | | |
| Date of Birth | | | | |
| I'm rooming with | | | | |
| I'm also traveling with (list all other members in your group) | Accommodations (choose one) | | | |
| —————————————————————————————————————— | □1 Bed (king) □2 Beds (queen/double) □ Smoking □ Non-smoking | | | |
| | Optional Accommodations | | | |
| How did you learn about this trip? | □ Please provide me a private single room for the entire trip, at an additional \$525. (normal accommodations are based on double bed occupancy) | | | |
| Travel to JFK from Albany Monday, October 3, 2017 Travel from JFK to Albany Tuesday, October 11, 2017 | Optional Excursions minimum | | | |
| $\hfill\square$ I'm taking the shuttle provided $\hfill\square$ I'm taking the shuttle provided | participation requirements apply | | | |
| ☐ I will provide my own transportation ☐ I will provide my own transportation | □ Please register me in the optional excursion to see the Terracotta warriors, a 2000-year-old tomb discovered in | | | |
| Method of payment | 1974, at an additional cost of \$575 SALE \$225. | | | |
| □American Express □MasterCard □Visa □Discover □Check* | | | | |
| Card # Exp | * Please make checks payable to: Business Service Corporation (a subsidiary of the Capital Region Chamber) | | | |
| Name on Card | | | | |
| Amount | Note: You are not fully registered or guaranteed a departure date until | | | |
| Billing address | full fare is paid, this registration form and waiver form are both completed. A nonrefundable deposit of \$400 is required at the time of registration. Reservations and final payment must be made by July 14, 2017. After August 1, 2017 there is an additional \$500 cancellation fee imposed by the airline, should you need to cancel for any reason. | | | |
| Billing zip code | | | | |
| Signature | | | | |
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