

A TASTE OF ITALY
September 21 – October 3, 2016
REGISTRATION FORM

Name(s): Please print.

1. _____ Date of Birth: _____

2. _____ Date of Birth: _____

Street _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

Number of Reservations: _____ Occupancy: Single Double

For additional information regarding registration, please contact Special Programs and Continuing Education at 937-229-2347. For more information regarding “A Taste of Italy 2016” you may contact the program hosts, Andria Chiodo at 937-435-2025 or AndriaChiodo @ achiodo1@udayton.edu or Patricia Dolan at 937-436-0532 or dolanpae@gmail.com.

Deposit and payments:

To secure space in the program, submit this registration form with a \$500.00 per person deposit by **April 15, 2016**.

Final payment is due by **July 1, 2016**. This Continuing Education program is limited to 20 participants and registrations are accepted on a first-come basis.

Per person price based on double occupancy: **\$ 3,800** Price for single occupancy: **\$4,570**

Method of payment:

Check or money order payable to: The University of Dayton (please write “*A Taste of Italy*” on the check.)

Visa Mastercard Discover American Express

Card number _____ Expiration Date __/__/_____

Signature of Cardholder: _____

Total remittance: \$ _____

Please note: As the University of Dayton has no control over the actual operation of the air, land or sea elements of travel programs, it provides no expressed or implied warranty. Participants are encouraged to purchase individual travel insurance.

Mail completed Registration form to:

Special Programs and Continuing Education
300 College Park Drive
Dayton OH 45469-7011

Or Fax: (937) 229-3500