

A TASTE OF ITALY
Sep. 24 - Oct. 6, 2014
REGISTRATION FORM

Name(s): Please print.

1. _____

Date of Birth: _____

2. _____

Date of Birth: _____

Street _____

City _____ State _____ Zip Code _____

Tel. (____) _____ Email _____

Occupancy: Double Single

Number of Reservations: _____

For additional information regarding registration, please contact Special Programs and Continuing Education at 937-229-2347. For more information regarding "A Taste of Italy" you may contact the program hosts, Andria Chiodo at 937-435-2025 or andriachiodo@gmail.com or Patricia Dolan at 937-436-0532 or dolanpae@fuse.net.

Deposit and payments:

To secure space in the program, submit this registration form with a \$500.00 deposit on or before March 25, 2014. Final payment is due before July 3, 2014. This Continuing Education program is limited to 20 participants on a first come first served basis.

Price is based on double occupancy, **\$3900.00**. Single supplement: **\$450.00**

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