

A TASTE OF ITALY
Sep. 15 - 28, 2015
REGISTRATION FORM

Name(s): Please print.

1. _____ Date of Birth: _____

2. _____ Date of Birth: _____

Phone _____ Email _____

Street _____

City _____ State _____ Zip Code _____

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 2015" 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@gmail.com.

Deposit and payments:

To secure space in the program, submit this registration form with a \$500.00 deposit by March 31, 2015. Final payment is due before July 1, 2015. This Continuing Education program is limited to 20 participants and registrations are accepted on a first-come, first-served basis.

Price is based on double occupancy, **\$4100.00**. Single supplement: **\$500.00**

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