

REGISTRATION FORM

Sacred Space International Ireland Tour 2011

To reserve a place on our tour, please complete and return this form with your deposit of **\$900.00** per person, payable to Sacred Space International.

Please return completed form to:

Sacred Space International
19 S. LaSalle St. Ste. 604
Chicago, IL 60603

Legal Name (exactly as it appears on your passport):

First Middle Last

Street Address

City State ZIP

Home Phone Mobile Phone

I will share a room with _____

Enclosed is a deposit of \$900.00 to reserve my space on this trip.

Please charge my American Express VISA Mastercard
In the amount of \$900.00 to reserve my space on this trip.

Account# Exp. Date Security Code

Name of Cardholder

I have read the **Complete** Terms and Conditions for the Tour and agree to all therein.

Signature