

## **Registration Form**

**ESU 2024 National Patron Tour** Veneto, Italy, September 21-27, 2024

Please complete and send this form with your tour deposit of \$2,000 per person, double; or \$3,000 per person, single (by check, American Express, Visa, MasterCard or Discover) to: Rossana Ivanova, The English-Speaking Union of the United States, 144 East 39<sup>th</sup> Street, New York, NY 10016

Or by email to rivanova@esuus.org. Questions? Call (862) 224-4244 Please reserve \_\_\_\_\_ places for:

	Tour Participant #1	Tour Participant #2
Preferred Name(s):		
E-mail(s):		
Cell/Mobile:		
Address		
City	State	Zip
A PASSPORT IS REQ	UIRED. Please provide the following information	:
Passport Name		
Passport Number (and citizenship if not U	JSA)	
Expiry:		
Date of Birth		
	on accommodations in Due Torri Hotel in Verona om; on a per-person, double-occupancy basis.	in a <i>Classic</i> room and Villa Michelangelo in SUBTOTALS
Per person, per person	@ \$13,900 x person/people	
Single supplement		ADD \$820
HOTEL UPGRADE		
Hotel Due Torri Upgra	de three nights from Classic to:	
Deluxe		ADD \$430
Grand Deluxe		ADD \$790
Hotel Villa Michelange Suite	elo Upgrade three nights from Deluxe to:	ADD \$385
we must know in a	ing in varying degrees of exertion. In order to proadvance if any tour member has a condition or lim that any tour member who has difficulty walking, tour so that we are able to provide for a help	notifies us of this immediately upon booking the
Helper with wheel chair		ADD \$1,740
		TOTAL



For detailed descriptions of accommodation options, please see:

King Size Bed	Twin E	Beds	Non-Smoking	Smokir	ng 🔲	
		CK OR CREDIT CARD ancy, \$3,000 single				
Note: Payment	by credit card v	vill incur a credit card co	onvenience fee of 3.9%			
Check	enclosed (paya	ble to ESU USA).				
Please	charge (provide	e card type and no.):				<del>_</del>
Expiry		Sec	curity Code			_
Name a	as it appears on	the card (please print)	:			_
Signatu	ure					_
By ACH electr	onic transfer:	•	venue, NY, NY 10016 021, Acct No. 7229232	62	Payments via Zelle: Email: adifilippo@esu	us.org
INTERNATION	IAL AIRFARE					
I under	stand that airfar	e is not included.				
TRIP INSURAN	NCE					
(not red		ested). Information reg	d, and that I am respons garding coverage with U		chasing it nsurance Services will be	sent
Dietary Restric	ctions (medica	l): Please indicate spe	ecific food allergies or	other med	ical dietary restrictions	
Is there a spec	cial occasion th	nat you would like to c	celebrate during the to	our (birthda	y, anniversary)?	_
In case of eme	ergency contac	t:				
Name		Relationship	o	Phone	/email:	
		sion to the ESU to use oses. Yes		ige in photo	graphs, video, recordings	s, or any
	d the attached ause, and agree		s, and Release from Lia	ability, Ass	sumption of Risk, and B	Binding
Signatu	ure:			Date:		
Signatu	ure: With specific	questions about the tou	ır, please contact Rossa	Date: ana Ivanova	a at rivanova@esuus.org	