REGISTRATION FORM

Please use a separate form for each person traveling.

Contact Information		,		
Full name (by Capital Letters), a	ttached with a cop	by of your passport name pa	age	Please check all that apply:
First Middle	La	ast] I will attend Sept 19 – 27, 2025 trip
Your chamber name: :] I wish to upgrade my airfare to Int'l Business Class - USD\$8,000
Address:				Please upgrade me to a single room for an additional USD\$800 (Accommodations are based on double-share)
Phone:				I will pay for deposit by my credit card At \$400
E-mail (by Capital Letters):				I enclosed my deposit \$400
				I am with Chamber membership
Who you are sharing a room with	:			
Who you would like to travel with:				
Type of Room (please check one): □ 1 King Bed	□ 2 Queen Beds	□ Trip	le Beds
** When making your reservation, <u>IF</u> gender who is also traveling alone, th			<u>r</u> you will be	e paired with another passenger of same
Deposit Information A non-refundable registration fee in your total tour fare. The balance			n is due wi	th your registration and is included
□ Check Enclosed (Payable to 0	Chamber) Check #	#		
□ Credit Card #	Ex	p. DateCVV Code	Name	on Card
□ A valid passport is on passen	gers' responsibility	y. Please attached the jpeg	copy of yo	our passport information page.
Signature ◆ Address: 510 W 800 S, Ced				r of Commerce ATTN: April Marcial ail: mrc@cedarcitychamber.org"
This will be deducted from your for any reason after June 15, 20 you will receive a full refund (mi	total tour fare, the 025 you will be at a nus the USD\$400 t is your responsib	e balance of which will be du a loss of USD\$500 on top o or \$300 non-refundable re bility. Passports must be val	ue by June of the USD gistration f	ired and due at the time you register. e 15, 2025. If you need to cancel the trip \$400 (\$300) registration fee, otherwise fee). Ins past travel date. The U.S. and
	ou with details you	u will need to know. Citslind	Internatio	be announced. We will answer all of anal Inc. has 38 years of experience in action.
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