



# Registration Card

P.O. Box 1830 Lakeside, Ca, 92040

Mail & Deliveries to :12807 Cradle Mt. Lane, Lakeside, Ca. 92040

2333 Camino Del Rio South Ste.240• San Diego CA 92108 (No Deliveries at Street address) •

Tel.619-443-2001• Fax.619-561-4095

School/Group Name: <b>Rady Hospital New York Tour</b>		\$79.00 Registration Fee per participant
Dates: <b>July 1, 2, 3, 4, 5, 2010 Thursday- Monday</b>		Please fill out 1 registration card for <u>each</u> person going on the tour
Last Name:	First Name:	<b>M or F</b> (circle one)
Billing Address:		
City:	State:	Zip Code:
Cell Phone:		
e-mail address:	Home Phone:	Work:
<p>If you would like to take Travel Insurance out on your tour, the Insurance Program Discovery offers is CSA Travel Protection. You must fill out the insurance form and send it back directly with your insurance payment to <b>CSA Travel Protection Plan</b>. Call <b>CSA at 1 800 348 9505</b> to sign-up and for more information on benefits.</p> <p><input type="checkbox"/> Check box if <u>no insurance is needed</u>. "No, I do not want to purchase the insurance with CSA. I understand that my decision is final and I may lose up to 100% of the total tour price if I cancel".</p> <p><b>Participant:</b> I have read and agree to the policies and conditions stated on the Registration Information sheet and on this card.</p>		

-----Tear here and keep bottom portion-----

**Important Information and Conditions (see reverse side for payment information)**

Contact **Tammy** for the Terms and Conditions (not shown on internet copy)