

RETURN REGSITRATION FORM OR CALL TODAY— BOOK EARLY FOR BEST SUITE SELECTION!

Professional Education Society and Regent Seven Seas Cruises Thanksgiving in the Tropics ~ November 23 - 30, 2010

Family and Friends are invited to join you on this adventure!

Mail or Fax Registration
Form To:

Professional Education Society, SINCE 1980
1855 S. Pueblo Blvd, Pueblo, CO 81005 Fax: 303-679-7383
For travel information, please call: 877-PES-7005 (877-737-7005)
Or email: pes@globaltracks.com



****Please type directly onto this form before printing****

Passenger name (as it appears on passport): _____ Travel companion name (as it appears on passport): _____
 _____ DOB: _____ _____ DOB: _____
 Occupation/Specialty: _____ Occupation/Specialty: _____
 How would you like your names to read on a name badge?: _____ / _____
 Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: () _____ Office: () _____ Cell: () _____
 Email(s): _____
 Choice of Suite Category: _____ Bedding Style: Twins _____ King _____
 Air Gateway: _____
 I plan to make my own air arrangements and will notify PES of my air schedule prior to purchase to verify appropriate arrival and departure times.
 Are you a Seven Seas Society member? If yes, Society Number: _____ Are you a repeat PES Traveler?: _____

PLEASE RESERVE SPACE ON THE FOLLOWING (totals will calculate automatically):

- Cruise: 15% per person deposit for _____ persons \$ _____
- Professional Symposium Fee: \$50 per person deposit for _____ persons \$ _____
- Non-Professional or Family Member Symposium Fee: \$50 per person deposit for _____ persons \$ _____

CHECK payable to "Professional Education Society" or **CREDIT CARD** (Visa ° MasterCard ° American Express) **TOTAL: \$** _____

Reservations are subject to availability of a first come, first served basis.

Authorization to use credit card: I accept the Terms and Conditions, Cancellation and Refund Policy and authorize Global Tracks and Regent Seven Seas Cruises to use my credit card for payment in the amount stated and for any additional charges on this credit card for Cruise Fares, Port Taxes, Seminar Fees, Insurance Premiums and Associated Costs.

Credit Card No: _____ **Exp. Date:** _____ **CID:** _____ **Today's Date:** _____

Name As it Appears on Card: _____ **Signature:** _____

Billing Address (if different from above) : _____

Travel Insurance is highly recommended: information and application will be sent with deposit confirmation.



For further travel information:

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Global Tracks is the official travel agent for PES

