

RETURN REGISTRATION FORM OR CALL TODAY— BOOK EARLY FOR BEST STATEROOM SELECTION!

Professional Education Society and Crystal Cruises

Italian Dreams ~ September 19 - 28, 2013

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: 303-679-7384
For travel information, please call Stella at: 877-PES-7005 (877-737-7005)
Or email: info@pestravel.com



Passenger name (as it appears on passport): _____ Travel companion name (as it appears on passport): _____
 _____ DOB: _____ _____ DOB: _____
 Occupation/Specialty: _____ Occupation/Specialty: _____
 Name Badge Preference: _____ Name Badge Preference: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: () _____ Office: () _____ Cell: () _____
 Email(s): _____
 Choice of Stateroom Category: _____ Are you a Crystal Society Member? _____
 Air is included in cruise fare, please indicate 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 repeat PES Traveler?: _____ How did you heard about PES?: _____

PLEASE RESERVE SPACE ON THE FOLLOWING:

- Cruise: 10% per person deposit for categories C - AA; 20% per person deposit for categories PH - CP ___ persons \$ _____
- Professional Seminar Fee: \$200 per person deposit for ___ persons \$ _____
- Non-Professional or Family Member Seminar Fee: \$200 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.

Final payment is due by July 5, 2013

Referrals:

If you have colleagues, friends or family who would be interested in joining future trips, please fill out the information below and we will add them to our mailing list. If your referral books a trip we will send you \$100 as a token of our appreciation.

Name: _____ Email: _____

Mailing Address: _____

Name: _____ Email: _____

Mailing Address: _____



Global Tracks is the official travel agent for PES