

UW-Madison **Educational Travel Program**

REGISTRATION FORM

NEW YORK CITY HOLIDAY WEEKEND -- \$1,649.00 **November 21-24, 2013**

☐ Enclosed is my check made payable to UW-Madison for the deposit of \$500/person for the **NEW YORK CITY HOLIDAY WEEKEND** trip:

Name/s: _____

Address: _____

Phone/s: _____

Email: _____

☐ Reserve a twin room (package). My roommate is:

☐ I am interested in a roommate. Please let me know if one becomes available.

☐ Reserve a single room (\$445).

☐ If you wish to deviate from the group schedule, please indicate what your plans are, specifically regarding air and lodging: _____

Your deposit is nonrefundable. We urge you to purchase cancellation insurance to recover your costs if you must cancel your plans to join us. If you wish to make your future payment/s by credit card, please contact Kim Seymour at 608/262-3731 or kseymour@dcs.wisc.edu to make the necessary arrangements.

Please mail your completed registration form and deposit to: Kim Seymour, 21 N. Park St., 7th fl., UW-Madison Educational Travel Program, Madison, WI 53715. If you have any questions, please contact Kim Seymour at 608/262-3731 or kseymour@dcs.wisc.edu.

THANK YOU!