



Greece: Beaches and Ruins
May 10-23, 2020

Passenger 1: _____ Date of Birth: _____ MF
 First Name Middle Last

Passport #: _____ Country of Issue: _____ Expiration Date: _____

Passenger 2: _____ Date of Birth: _____ MF
 First Name Middle Last

Passport #: _____ Country of Issue: _____ Expiration Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Email Address: _____ Phone #: _____ Cell phone # _____

Email Address 2: _____ Phone # 2: _____ Cell phone # 2 _____

- Please reserve a Double Room at \$3,799 per person in double occupancy
- Please reserve a Single Room at a supplement of \$600

PAYMENT

Reserve your spot today with a deposit of \$1500.

- Visa Mastercard Discover Check

Credit Card # _____

Security Code: _____ Expirations Date: _____

Name on Credit Card: _____

Signature: _____

I authorize payment in the amount of \$ _____

Make checks payable to:
Case Western Reserve University – Siegal Lifelong Learning
10900 Euclid Avenue, Cleveland, OH 44106-7116