













# Travel MUSEUM OF RUSSIAN ICONS

203 Union Street . Clinton . Massachusetts 01510

Contact: Tara Young 978-598-5000 x13 tyoung@museumofrussianicons.org

www.museumofrussianicons.org



## RUSSIAN SACRED ART TRIP, June 11-27, 2010, Reservation form:

You can print this form and mail it to the Museum of Russian Icons by conventional post, or type in your responses at each line and e-mail it to trip coordinator Tara Young at tyoung@museumofrussianicons.org.

Today's date: \_\_\_\_\_

Full name on Passport: \_\_\_\_\_

Birth date: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Passport #: \_\_\_\_\_ Place of issue: \_\_\_\_\_ Date of issue: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Citizenship: \_\_\_\_\_

In case of emergency please notify (name, phone, email):

Prefer  single\* room  double room Optional St. Petersburg extension  yes  no

Travel (emergency/trip cancellation) Insurance and trip cancellation is highly recommended. Visit [www.insuremytrip.com](http://www.insuremytrip.com) or [www.travelguard.com](http://www.travelguard.com) or for more information. This coverage is at an additional cost and is the responsibility of the traveler.

**Payment: A nonrefundable deposit of \$750 is required to confirm reservations.**

Balance will be due prior to departure per the Museum of Russian Icons policy sheet.

**Please make check payable to:** Museum of Russian Icons

Check  Visa  MasterCard  American Express  Discover

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ V-code (number, back of card, signature area) \_\_\_\_\_

Amount enclosed or charged to my credit card: \$ \_\_\_\_\_

**Return a copy of this form via:**

**e-Mail (with credit card authorization) to:** tyoung@museumofrussianicons.org

**FAX (call with credit card OR mail deposit check) to:** Tara Young, Museum of Russian Icons, (978) 598-5009

**US Mail (with your check) to:** Tara Young, Museum of Russian Icons, 203 Union Street, Clinton, MA 01510

**Signature: [if e-mailing the form, type your name here and write "electronic signature" and today's date]**

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