REGISTRATION FORM

Please use a separate form for each person traveling.

Contact Information

Full name (by Capital	Letters) attached with your passport n	ame page	Please check all that apply:
First	Middle Last		— ☐ I will attend April 5 – 13, 2025 trip
Your Chamber name: _			☐ I wish to upgrade my airfare to Int'l Business Class - USD\$8,000
	St: Zi		for an additional USD\$800
			☐ I will pay for deposit by my credit card
Phone:	Fax:		☐ I enclosed a check of USD\$400
E-mail (by Capital Let	ters) :		_
Who you are sharing a	room with:		
Who you would like to	travel with:		
** When making your res	check one): □ 1 King Bed □ servation, <u>IF YOU DO NOT PAY THE SINC</u> ing alone, that has the same itinerary.		☐ Triple Beds you will be paired with another passenger of same
		due with your regist	ration and is included in your total tour fare.
□ Check Enclosed (P	ayable to Chamber) Check #		
□ Credit Card #	Exp. Date_	CVV Code	Name on Card
□ A valid passport is	on passengers' responsibility. Please	attached the jpeg c	opy of your passport information page.
Signature Ynez Ave., # 205, Mon	Please mail registration to chamber. Tour Operator: Citslinc International, Inc. 108 N. ey Park, CA 91754 ♦ Toll Free (844) 262-1100, Email: citslinc@yahoo.com Website: www.citslinc.org		
from your total tour fa Dec 15, 2024 you wil	are, the balance of which will be due by	y Dec 15, 2024. If y	at the time you register. This will be deducted rou need to cancel the trip for any reason after ation fee, otherwise you will receive a full refund
	a passport is your responsibility. Pass to not need for any visa application.	sports must be valid	f 6 months past travel date. The U.S. and
your questions and fa		d to know. Citslinc I	ation will be announced. We will answer all of nternational Inc. has 38 years of experience in our satisfaction.