

JOURNEY THROUGH CENTRAL ITALY  
**RESERVATION FORM**  
**June 12 – 21, 2010**

PLEASE PRINT AND COMPLETE EACH AREA

Full Name As It Appears On Your Passport

Preferred Name

Circle: Mr. Mrs. Ms. Dr. (PhD., EdD., or MD)

Home Address

City State Zip Code

Day Phone Evening Phone

Email

Passport Number

School or Institution, if applicable Phone

School Address

City State Zip Code

Area(s) of Interest

How did you learn about our program?

Other Interested Friends: Please email or call

[SSATours@aol.com](mailto:ssatours@aol.com) or 919.787.0003

CHECK TYPE OF ROOM DESIRED:

\_\_\_ Single: Add \$400 Supplement

\_\_\_ Double Bed, 2 persons

\_\_\_ Twin Beds, 2 persons

Roommate: \_\_\_\_\_

AMOUNT ENCLOSED:

Tour Deposit Required \$375

Single Supplement Add \$400 \$ \_\_\_\_\_

TOTAL ENCLOSED: \$ \_\_\_\_\_

MAKE CHECK PAYABLE TO:

Spoletto Study Abroad  
PO Box 13389  
Charleston, SC 29422

Questions: Contact Cynthia Landvater at [ssatours@aol.com](mailto:ssatours@aol.com)  
[www.spoletostudyabroad.com](http://www.spoletostudyabroad.com)