



# SEMINARS INTERNATIONAL, INC.

## Enrollment Form

To enroll in a tour, return this completed form to Seminars International. Please type and submit or print.

Tour Title \_\_\_\_\_ T# (indicated on the tour description) \_\_\_\_\_

Full Legal Name(s) (as does/will appear on passport) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

I wish to pay for the above tour by:

Check. Please mail an enrollment deposit check made payable to **Seminars International, Inc.** with a copy of this form. (See the Statement of Conditions in the tour description for deposit amount and payment schedule.)

Credit Card [ Mastercard  Visa  Discover  American Express]

Card# \_\_\_\_\_ Expiration date \_\_\_\_\_

Hotel arrangements (check one):

Single accommodations (at a supplementary cost).

Please select a roommate for me, if possible. If this is not possible, I agree to pay the extra cost for single accommodations.

I have arranged for a roommate.

Roommate Name \_\_\_\_\_

Smoking  Non-Smoking

I/we have a U.S. passport.  I/we have a non-U.S. passport.

I/we will apply for a U.S. passport.  I/we will apply for a non-U.S. passport.

(Most countries require passports to be valid for 6 months after departure.)

**By clicking SUBMIT, I acknowledge I have read and do understand the Statement of Conditions and authorize Seminars International to debit my credit card for this deposit.**

**Mail or fax this enrollment form and deposit to:  
Seminars International, Inc., 33 West Monroe Street, Suite 1160,  
Chicago, IL 60603-5303; Fax: (312) 332-5509**