



11152 San Pablo Avenue, El Cerrito, CA 94530
 Telephone: (510) 412-4715 Fax: (510) 412-3537
divinemercuryjesus@aol.com
www.DivineMercyWestCoast.org

BOOKING FORM – ROME 2008 PILGRIMAGE

Please mail completed form to the above address, and include a deposit of \$500 per traveler.
DEADLINE: SEPTEMBER 13, 2007. Use a separate form for each person, or attach a separate sheet for additional reservations.

I would like to make a reservation for *(please circle one)*:

First Group	March 24 to April 7, 2008	\$2,950
Second Group	March 31 to April 7, 2008	\$2,450
Third Group	March 31 to April 13, 2008	\$2,950

Enclosed is my deposit of \$500 per person.

- My check payable to Divine Mercy Eucharistic Society is enclosed.
- Charge my credit card as indicated below.

VISA/MasterCard #

Exp. Date *(mm/yy)*

Last 3 numbers on the back of the card

Cardholder's first/middle/last name

Street address

City

State

Zip code

Home tel.

Office tel.

Best time to call, and which number

Email address

Full name exactly as indicated on passport

Date of birth

Citizenship

(if not a U.S. citizen, please inquire about a tourist visa at the nearest Italian consulate)

Passport no.

Passport expiration date

- I wish to share a room with _____.
- I wish to reserve a single room. *(For a single room supplement, add \$300 if you are joining the Second Group. Add \$450 if you are joining the First or Third Group.)*

Signature

Date