



HAA TRAVELS TRAVEL PROGRAM REGISTRATION FORM

Please print this form, fill out the traveler information on both sides, and return with your deposit. A deposit of \$1,500 per person is required to reserve a space on this trip. Deposits may be made by check or credit card. Final payment must be made by check.

TRAVELER INFORMATION:

PROGRAM NAME

DEPARTURE DATE

FIRST PERSON

NAME ON PASSPORT

HARVARD AFFILIATION

DATE OF BIRTH (FOR MEDEVAC INSURANCE PURPOSES)

EMAIL ADDRESS

STREET ADDRESS

CITY / STATE / ZIP OR POSTAL CODE

COUNTRY

HOME TELEPHONE

WORK TELEPHONE

SECOND PERSON

NAME ON PASSPORT

HARVARD AFFILIATION

DATE OF BIRTH (FOR MEDEVAC INSURANCE PURPOSES)

EMAIL ADDRESS

STREET ADDRESS

CITY / STATE / ZIP OR POSTAL CODE

COUNTRY

HOME TELEPHONE

WORK TELEPHONE

DEPOSIT PAYMENT: \$1,500 PER PERSON

☐ CREDIT CARD. PLEASE CHARGE MY CREDIT CARD FOR THE DEPOSIT.

☐ MASTERCARD ☐ VISA

CARD NUMBER

EXP. DATE

3-DIGIT SECURITY CODE

NAME AS IT APPEARS ON CREDIT CARD (PLEASE PRINT)

SIGNATURE

OR

☐ (CHECK BOX) ENCLOSED IS A CHECK FOR _____ (\$1,500 PER PERSON) PAYABLE TO THE HARVARD ALUMNI ASSOCIATION.

ACCOMMODATIONS

☐ WE DESIRE A DOUBLE ROOM.

☐ I DESIRE A SINGLE-ROOM (ADDITIONAL CHARGE).

☐ I PLAN TO SHARE A DOUBLE ROOM; MY ROOMMATE'S NAME IS

IF A CRUISE, PLEASE INDICATE CATEGORY OF CABIN REQUESTED.

1ST PREFERENCE

2ND PREFERENCE

3RD PREFERENCE

I / WE HAVE CAREFULLY READ AND ACCEPT THE GENERAL INFORMATION EXPLAINING THE TERMS AND CONDITIONS FOR THIS TRIP FOUND IN THE TRIP BROCHURE AND / OR AT POST.HARVARD.EDU/TRAVEL.

SIGNATURE _____ DATE _____

SIGNATURE _____ DATE _____

PLEASE SEND THIS COMPLETED FORM

BY MAIL: HAA Travels
124 Mount Auburn St., 6th floor
Cambridge, MA 02138

BY FAX: If registering by credit card, you can fax this form to us at 617.496.4011

FOR MORE INFORMATION:

Please contact Harvard Alumni Association at 800.422.1636, 617.496.0806 or via email at haatravels@harvard.edu.