

REGISTRATION FORM

CREDIT CARD AUTHORIZATION FORM

2014 IABS CONVENTION & TOUR: OCTOBER 1-11, 2014

NAME: _____
NAME AS IT APPEARS ON YOUR PASSPORT

DATE OF BIRTH: ___/___/___ (REQUIRED BY AIRLINE)

ADDRESS: _____ TOWN: _____ STATE: _____ ZIP _____

PHONE: _____ EMAIL: _____

FLIGHT INFORMATION:

ARRIVING ON _____ AT _____ ON _____ FLT# _____
DAY DATE TIME AIRLINE FLIGHT #

DEPARTING _____ AT _____ ON _____ FLT# _____
DAY DATE TIME AIRLINE FLIGHT #

ROOMING WITH: _____ SINGLE ROOM? _____ (ADD. COST)

ANY SPECIAL NEEDS? _____

AUTHORIZATION FOR CREDIT CARD USE

CREDIT CARD CAN BE USED 1 TIME TO PAY-IN-FULL ONLY. ADD 3% SERVICE CHARGE

___ Visa ___ MasterCard ___ Discover ___ American Express

Account Number:

| | | | | | | | | | | | | | | | | | | | |
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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Expiration date: ___/___/___ CVV _____ (Code)

Name on Credit Card Billing Address City State Zip

Signature Date



TLC Tours

THE LARIVEE COMPANY TOURS, INC.

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Checks made payable to "TLC Tours" and sent to:

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