



Phone: 800-874-1996 Fax: 310-546-8433 [www.mindbodytravel.com](http://www.mindbodytravel.com)

**Reservation/ Information and Acceptance  
September 16 – 21, 2007  
Gloria Gilbere – Educational Travel Program Santa Fe, NM**

We would like to ask you to fill in the following information and return via mail.

**How did you hear about the trip?** \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_

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

Daytime Telephone \_\_\_\_\_ Evening Telephone \_\_\_\_\_

Email Address \_\_\_\_\_

Requesting: \_\_\_\_\_ Sharing \_\_\_\_\_ Single (on-request) \_\_\_\_\_ Bedding Type: \_\_\_\_\_

Roommate Request (Y/N) \$500.00 per person deposit due at time of booking

Request Air (Y/N) From \_\_\_\_\_ Air Quote: \_\_\_\_\_

**PAYMENT BY CREDIT CARD** Circle One: VISA, MC, DISCOVER, AMEX

Cardholders Name, as it appears on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

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

Credit Card Number \_\_\_\_\_

Expiration Date: \_\_\_/\_\_\_/\_\_\_ 3 digit code on the back side of the card: \_\_\_

Authorized Amount: \_\_\_\_\_

**Required Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**I have read and understand the Terms and Conditions. Cardholder acknowledges receipt of goods and services in the amount shown hereon and agrees to perform the obligations set forth to the Cardholder's agreement with the Issuer.**

**MAIL CHECK TO:** Mindbodytravel, Inc., 1334 Parkview Avenue, Suite 210, Manhattan Beach, CA 90266