



Phone: 800-874-1996 Fax: 310-546-8433 www.mindbodytravel.com

Reservation/ Information and Acceptance

Healthy Aging Matters!

April 1 – 8, 2006 with Dr. Gloria Gilbere!

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

How did you hear about the trip? _____

Name _____

Date of Birth ___/___/___

Citizenship _____

Name _____

Date of Birth ___/___/___

Citizenship _____

Name _____

Date of Birth ___/___/___

Citizenship _____

Name _____

Date of Birth ___/___/___

Citizenship _____

Address _____ City _____ State _____ Zip _____

Daytime Telephone _____ Evening Telephone _____

Email Address _____

Requesting: _____ Sharing _____ Single (on-request) Cabin Category: _____

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

Request Pre/Post Cruise Hotel (Y/N) 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