

# REGISTRATION FORM

**PARTICIPANT #1 Information**

(Name as it appears on passport)

LEGAL LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

 Mr.  Mrs.  Ms.  Dr.

MIDDLE NAME: \_\_\_\_\_

Gender:  Male  Female

Date of Birth DD/MM/YYYY: \_\_\_\_\_

**PARTICIPANT #2 Information**

(Name as it appears on passport)

LEGAL LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

 Mr.  Mrs.  Ms.  Dr.

MIDDLE NAME: \_\_\_\_\_

Gender:  Male  Female

Date of Birth DD/MM/YYYY: \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Email \_\_\_\_\_

**PASSPORT INFORMATION ~ A COPY OF THE PASSPORT INFORMATION PAGE MUST BE SUBMITTED TO FROSCH WITH YOUR REGISTRATION FORM (and be valid 6 months beyond tour date). If you need to request a new passport or renew an existing passport, proceed to submit the registration form, and send a copy as soon as you receive it.**

**PASSENGER #1**

Citizenship \_\_\_\_\_

Passport Nbr. \_\_\_\_\_ Place of issue \_\_\_\_\_

Date of Issue \_\_\_\_\_ Date of expiration \_\_\_\_\_

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

**PASSENGER #2**

Citizenship \_\_\_\_\_

Passport Nbr. \_\_\_\_\_ Place of issue \_\_\_\_\_

Date of Issue \_\_\_\_\_ Date of expiration \_\_\_\_\_

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

**INTRA-EUROPE AIRLINE INFORMATION**Seating Preference:     Aisle         Window         Seat w/roommate adj.

Special Meals: \_\_\_\_\_

Star Alliance Frequent Flyer Name &amp; Number: \_\_\_\_\_

**Air Transportation** from home city to Frankfurt & from Krakow to home city is not included in tour price. For assistance with international air, kindly call Jessica Sussman at FROSCHE Group Department, 212-784-0269, or email [groups@frosch.com](mailto:groups@frosch.com). If handling international air on own, kindly forward a copy of the air confirmation with fare details once confirmed, required for grant purposes.

**HOTEL CONFIGURATION**     **Single Room**        **\$3,695.00 per person**  
     **Double Room**        **\$3,195.00 per person**

All prices quoted are based on a specific number of participants traveling together in the group, on single or double occupancy at hotels, and on land rates in effect at the time of printing and are subject to change. FROSCHE reserves the right and if warranted, will increase tour prices to reflect fluctuations in foreign exchange markets, or increased in government rail or airline taxes and/or fuel charges should they come into effect at any time prior to departure.

**METHOD OF PAYMENT**     Paying by credit card     Paying by check (list Medicine after the Holocaust in memo)

I, \_\_\_\_\_, authorize FROSCHE to charge **\$500.** per person for deposit (\$100. per person of which is non-refundable; additional cancellation fees will apply, see details under "cancellation penalties" outlined in the program) to the following credit card upon receipt of this registration form, and the final balance on or before **Friday, December 30, 2016.**

Visa     MasterCard     American Express     Discover

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Name as it appears on card \_\_\_\_\_ Signature \_\_\_\_\_

\*Signature required for credit card charges. Participant acknowledges and authorizes FROSCHE Travel to charge credit card. FROSCHE reserves the right, and if warranted, will pass on to participant, any price increase due to government airline tax increase and/or increase in fuel charges should they come into effect at any time prior to departure.

I have carefully read the tour program and agree to its contents, conditions and advisories. I have also been advised to purchase trip cancellation insurance. If I decline the trip cancellation insurance, I understand all cancellation penalties outlined in the program apply to me with no exceptions.

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

**Please complete this form and send with a deposit of \$500. per person, of which \$100.00 is non-refundable, to:  
 Jessica Sussman · Group Department · FROSCHE Travel · One Greenway Plaza, Suite 800 · Houston, TX 77046  
 Tel.: 212-784-0269 Fax.: 212-421-2790 Email: [groups@frosch.com](mailto:groups@frosch.com)**