

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 _____

- HOTEL CONFIGURATION** **Single Room** **\$3,050.00 per person**
 Double Room **\$2,525.00 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. FROSCH 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 CMATH Berlin in memo)

I, _____, authorize FROSCH 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, February 16, 2018.**

- 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 FROSCH Travel to charge credit card. FROSCH 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 \$500.00 per person, of which \$100.00 is non-refundable, to: Jessica Sussman · Group Department · FROSCH Travel · One Greenway Plaza, Suite 800 · Houston, TX 77046
Tel: 212-784-0269 Fax: 212-421-2790 Email: groups@frosch.com**

Online registration open at <http://www.frosch.com/CMATHBERLIN2018>