|  |  |
| --- | --- |
| Full Name (exactly as  on passport) |  |
| Date of birth  (day/month/year) |  |
| Nationality, Passport # |  |
| Issue & Expiration date  (day/month/year) |  |
| Address |  |
| City, State, Zip, Country |  |
| Home Phone |  |
| Alternate Phone |  |
| Email Address |  |
| Emergency Contact  (Name/Phone/Relationship) |  |
| Medical Restrictions |  |
| Dietary Restrictions |  |
| Single Accommodations?  (Additional cost) |  |
| Would you like help making  flight reservations? |  |
| Anything else we should know? |  |

Your Signature below confirms that you have read

REGISTER by June 10, 2024 by completing this registration form & mail with your deposit of $500, payable to POLOMNIK, LLC., to:

Polomnik, LLC,

1613 Campus Dr.

Vestal, NY 13850

the itinerary and agree to abide by the Terms and

Conditions that accompany the itinerary.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature & Date