



Reservation Form

Tour Name: _____

Tour Dates: _____

Please reserve _____ spaces for the above tour.

Type of Room Preferred: _____ **Single** _____ **Twin** _____ **Double** _____

Accompanying Passengers:

Name and relationship of accompanying passengers:

Title	Name	Relationship	Birthday
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Address and phone number of accompanying passengers:

Tour Payment:

_____ Enclosed is my deposit by check, in the amount of US \$ _____,
payable to Viva Siena Inc., representing a deposit of 40% of the price of the tour per
person.

My deposit and /or full payment, in the amount of \$ _____
Passenger:

Mr/Mrs./Ms. _____ Age(approx)

Birthday (month-day) _____

Address: _____

City: _____ State: _____ Zip: _____

Home tel: _____ Office tel: _____

Fax: _____ Email: _____

I have read and understood the terms and conditions herein; furthermore, I
understand that the balance of payment will be due 60 days prior to the beginning
of the tour.

Signature

Date

Please return this form to :

Viva Siena Inc.
P.O. Box 755
Lake Zurich , IL 60047

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