



2010 GELATO TOUR OF ITALY RESERVATION FORM

Sign up for this fabulous 2010 Gelato Tour of Italy, pay the initial deposit by July 31st you will receive a \$450 discount (\$300 by August 31st) off the cost of the full trip, and a \$175 discount (\$100 if paid by August 31st) off the short trip. No other discounts will be offered after August 31, 2010.

Last Name First Name (Mr/Mrs/Miss/Ms)

Last Name First Name (Mr/Mrs/Miss/Ms)

Street Address

City State Zip Code

Telephone	Fax	E-Mail	
<u>PLAN 1- JANUARY 21-27, 2010 (RIMINI AND BOLOGNA)</u>			
<u>Number of People Attending- 1 or 2</u>			
Cost of Trip:	\$2,995.00 per person	()	\$ _____
Registration Fee:	50.00 per person (non-refundable)	()	\$ _____
*Single Supplement:	500.00 per person (see below)		\$ _____
GRAND TOTAL:			\$ _____
Deposit Enclosed:	\$975.00 per person	()	\$ _____
FINAL AMOUNT OWED:			\$ _____

PLAN 2- JANUARY 21-25, 2010 (RIMINI- S.I.G.E.P. GELATO CONVENTION)

<u>Number of People Attending- 1 or 2</u>			
Cost of Trip:	\$2,295.00 per person	()	\$ _____
Registration Fee:	50.00 per person (non-refundable)	()	\$ _____
*Single Supplement:	250.00 per person (see below)		\$ _____
GRAND TOTAL:			\$ _____
Deposit Enclosed:	\$975.00 per person	()	\$ _____
FINAL AMOUNT OWED:			\$ _____

**Price per person based on double occupancy. Single travelers can share a room or have the option of single occupancy by paying a single supplement depending on which plan they choose.*

Final payment due no later than 12/1/2009. Payment is by check payable to: Malcolm Stogo Associates, or by CREDIT CARD (Payment by credit card will incur a 3% handling charge)

NAME: _____
CREDIT CARD ACCOUNT NUMBER: _____ EXP. DATE _____
VISA ___ MASTERCARD ___ DISCOVER ___ AM. EXPRESS ___ AMOUNT CHARGED: \$ _____

I acknowledge that I have read and will abide by the Terms and Conditions of this trip.

Signature required