

INTERNATIONAL MEETING

BONN, GERMANY

September 23 - 26, 2011 **REGISTRATION APPLICATION**

Title:	First Name:		Family: Name:_				
Mailing Address:							
City/State/Province:							
Telephone:		Fax:					
•							
	om above)						
	Spouse:						
ACCOMMODATIONS: ROOM TYPE:	3 night package includes: Room & Breakfast, Service & Tax () Single () Double (1 bed, 2 pax) () Twin (2 beds) Full Name:						
	Hotel: () Stern E150.00 (\$225) per perso					Own	Arrangements
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AIR TRANSPORTATION:							
•	Departure City:				_		
REGISTRATION FEES: Cost includes all expenses for the day meeting including Lunch & Dinner with wine, as well city tour for Rhine, CroiS. COST PER PERSON: Member: E190.00 (\$280) Non-Member: E220.00 (\$330)							
	() Check Payable To: Travelers' Century Club	, ,	ard () A>	(() Visa	() Mastercard
		,	• •	•	•	,	,
Name as appears on car	d:						
	All cancellations must be submitted in writing by fax In Refund. Note: Hotel charges will be refunded in accordance.						
Please read the limitatio	n of liability on the bottom of this form and sign	below.					
Signature	MAII TUIC AD						

MAIL THIS APPLICATION TO:

TCC, P.O. Box 7050, Santa Monica, CA 90406

Fax: (310) 395-9511 • E-mail: tccclub3@verizon.net. • www.travelerscenturyclub.org

"LIMITATION OF LIABILITY" It is agreed that neither TCC nor any of its officers, directors, coordinators, members or employees shall have any liability or responsibility for any personal injury, property damage or loss suffered by a delegate or any of his/her family members or other persons attending the meeting resulting from the action of inaction of any person other than an employee of TCC.

The application for registration, when signed by an individual, shall save as an agreement between TCC and the attendee and shall indicate that the above terms and conditions of this Meeting Registration Agreement have been read and understood by the attendee.