

Reservation Form

Program Name: _____

MR. MRS. MS.
 MISS DR. PROF.

AGE

STANFORD CLASS

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 MISS DR. PROF.

AGE

STANFORD CLASS

ADDRESS _____

CITY / STATE / ZIP _____

HOME PHONE _____

WORK PHONE _____

CELL PHONE _____

EMAIL ADDRESS _____

Category Preference (if applicable):

1st Choice _____ 2nd Choice _____

If this is a reservation for one person, please indicate:

I wish to have single accommodations.

or I plan to share accommodations with _____

or I'd like to know about possible roommates.

Here is my deposit of \$_____ (\$1,000 per person) for _____ place(s).

CANCELLATION POLICY: If details are not finalized and the brochure is not yet available, your deposit is fully refundable up to 10 business days after we send you a copy of the brochure. Deposits received after the brochure is available are refundable less a \$500 per-person cancellation fee, until the final payment deadline (120 days prior to departure). After final payment, deposits and payments can only be refunded if the trip is full and your space can be resold, in which case a \$1,000-per-person cancellation fee will apply.

Enclosed is my check (payable to "Stanford Alumni Association").

or Charge my deposit to my Visa MasterCard American Express

CARD NUMBER _____

EXPIRATION DATE _____

AUTHORIZED CARDHOLDER SIGNATURE _____

DATE _____

Mail or fax completed form to Stanford Travel/Study—for security purposes, do not send credit card information via email.