

Reserve your trip to Normandy today!

Trip #:10-23163W

Send to: UCLA Alumni Association
Attn: Alumni Travel
James West Alumni Center
Los Angeles, CA 90095-1397
Phone: **310-206-0613** Fax: **310-209-4271**
Email: **travel@alumni.ucla.edu**

UCLA Alumni Travel is a benefit of membership in the UCLA Alumni Association. The Association requires a membership to use our services. All UCLA alumni are now members of the UCLA Alumni Association. You may invite up to three companions to travel with you as guests on your membership.

- Yes, I am a member of the UCLA Alumni Association.
 No, I am not a member. Please send me an application to join.

Full Legal Name (exactly as it appears on passport)

(1) _____
Title First Middle Last Date of Birth

Email: _____

(2) _____
Title First Middle Last Date of Birth

Email: _____

Street Address: _____

City: _____

State: _____ ZIP: _____

Home: (_____) Cell: (_____)

Sharing with _____ . (Send separate form.)

Name(s) you would like on your name badge(s):

(1) _____

(2) _____

I/we authorize you to make my/our reservations as follows:

Land Program and AHI FlexAir

I/we reserve the Land Program and request the round-trip AHI FlexAir to Paris, France, to depart from:

Departure City

- Please contact me regarding air options.
 Please send me information on upgrading my flights.

Land Program

I/we will make my/our own air arrangements and transfers.

Single Accommodations

I prefer single accommodations (supplement waived, limited availability).

Reservations are subject to availability and processed on a first-come, first-served basis. Reservations to be paid in full by **April 5, 2017** (75 days prior to departure). Reservations received after this date must be accompanied by payment in full. Final payment may be made by personal check, MasterCard, Visa, Discover or Amex. Make checks payable to AHI Travel.

Enclosed is a deposit of _____ (\$600 per person required) to reserve _____ place(s).

- Accept my check made payable to **AHI Travel**.
 Charge my: MasterCard Visa Discover Amex

Card # _____

Expires _____ / _____

(Signature as it appears on credit card)

Please note: Any payment to AHI International constitutes your acceptance of the terms and conditions set out herein, including but not limited to the cancellation terms.