

Life Mastery Programs Trip Application

Please print your name and information carefully as this information is needed for your hotel reservations. Please make all payments payable to Life Mastery Programs and mail to:

Rosemary Quade, 265 Blackthorn Lane, Charlottesville, VA 22902.

Phone: (434) 996-6664

Email: rosemaryquade@hotmail.com

Name of trip: Journey to Teotihuacan February 5-10, 2009

Contact Info:

Your full name:

(as it appears on your Passport)

Mailing Address:

City:

State:

Zip:

Home Phone ()

Office Phone ()

E-mail:

Fax:

Occupation:

Marital Status:

Sex:

Age:

Height:

Weight:

Citizenship:

Birth date (month/day/year)

Birthplace:

Passport Number:

Place of Issue:

Date of Issue:

(must be valid for 6 months after date of arrival)

Room Assignments:

Rooms are double or triple occupancy. Would you like to request a roommate(s)? If so, who?

If one is available, I prefer a single room at supplemental cost (yes or no?)

****Single rooms will most likely not be available on this trip.****

In case of Emergency contact:

Name:

Relationship to you:

Address:

Telephone:

PO Box 261, Marblehead, MA 01945

PHONE: 877-670-9831 FAX: 781-639-4878

www.lifemasteryprograms.com

info@lifemasteryprograms.com

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Your Airline, Flight Numbers, Departure and Arrival Times:

Into Mexico City:

(Please ensure you arrive prior to 4:00 PM)

Date: _____ Arrival Time: _____
Airline: _____ Flight Number: _____
Departure City (Into Mexico City): _____

Out of Mexico City:

(Please ensure you depart no earlier than 1:00pm)

Date: _____ Departure Time: _____
Airline: _____ Flight Number: _____
Destination City (From Mexico City): _____

Cost of Your Journey: **\$1295**
Subtract your deposit of \$195 if you already sent it in:
(due by January 10th)
Subtract your discount if paid in full by January 10th - \$ 100

Your grand total is due by **January 24th:** _____

Credit Card Payments

We prefer payment by check. If you are paying by credit card, you may fill out the info below or call Rose at (434) 996-6664 to provide your info by phone. We accept Visa, Master Card, and American Express.

Card Number _____

Expiration Date _____ mm/yy _____ Amount to be charged \$ _____

Name as printed on Credit Card _____

Billing Address for Card, if different from above

If you have made arrangements for a payment plan:

If you are paying by check, please mail all checks, postdated at time of deposit. We will deposit each check as specified below. If you are paying by credit card, your card will be automatically charged as specified below.

Payment 1: \$195, due by January 10th
Payment 2: \$400, due by January 24th
Payment 3: \$350, due March 1st

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Payment 4: \$350, due April 1st