



MIT Alumni Travel Program
EAA AirVenture Oshkosh, Wisconsin
July 26-30, 2009

Please make reservation(s) for the people named below to join MIT's EAA AirVenture Oshkosh, Wisconsin, July 26-30, 2009. I (We) enclose our non-refundable deposit of \$_____ (\$500 per person).

Name MIT Affiliation

Name MIT Affiliation

Address

City State Zip

Daytime Telephone Email Address

Name(s) for Name Badge

Method of Deposit

[] Check for non-refundable deposit enclosed (\$500 per person). Please make deposit check payable to Academic Travel Abroad, Inc.

[] Please charge my [] MasterCard [] Visa credit card for the deposit.

Card Number Expiration Date

Name as it appears on credit card (please print) Signature

Accommodations

[] We desire a room with double occupancy.

[] I desire single-room occupancy for which I am willing to pay a supplemental charge.

[] I desire twin-room occupancy; my roommate's name is _____

All rooms reserved for MIT will be non-smoking rooms.

I have read the Tour Conditions and Responsibility Clause and agree to all therein.

Signature Date

Signature Date