

PAL Registration Form

Please make reservations for _____ persons on the Pan American Lectureship Tour.

Enclosed is a check in the amount of \$_____ for my deposit (\$250 per person).

Your deposit is NON-refundable after September 10, 2010.

Trip Cancellation Insurance: \$50 per person. This is for emergency cancelling of the trip. This is not travel insurance in the ALL Inclusive package price.

I wish to purchase Trip Cancellation Insurance for _____ traveler(s).
Include with your initial deposit.

Please provide your name as written in your passport.

Passport Name _____

Passport Number _____

Spouse's Name _____

Passport Number _____

Mailing Address _____

City _____ **State** _____

Zip Code _____

Home Phone _____

Work Phone _____

E-Mail _____

Additional Tour (not applicable to every trip) or Extended Stay Possibility.

_____ **I am interested in the additional tour for _____ persons.**

_____ **I am interested in extending my visit. Please send me additional information.**

Make check payable to Jackson Street Church of Christ or Pan American Lectureship

Mailing Address: P. O. Box 1175 Minden, LA 71058

Toll Free Phone Number: 800/533-7660