

ABRUZZO CIBUS – APPLICATION FORM

To register, **fill out, print, and sign** this form and send it by post with a check or travellers cheque, or by fax or scanned document on email with credit card information. Deposit of €300 per person is payable to: **Abruzzo Cibus Srl**, Via Monte 8, 66050 Carunchio (Ch) Italy. Tel/Fax: +39 0871 510 115

Name:

Address (include city, state, region, postcode/zip):

Telephone:

Fax:

Mobile phone:

Email:

Your tour dates (these dates have already been confirmed as available by Abruzzo Cibus):

Airport of departure from your origin:

Airport of arrival and departure in Italy:

Name of airline and times and dates of arrival and departure:

I need a single room (€ 50 supplement per night)

I want to share a room with (name of other person(s) in your party): _____

I HAVE READ THIS APPLICATION AND ALL OF THE PRICING, REFUND, AND RESPONSIBILITIES INFORMATION ON THE WEBSITE AND AGREE TO THE TERMS OUTLINED THEREIN. BEFORE BOOKING MY TRAVEL ARRANGEMENTS, I HAVE BEEN GIVEN CONFIRMATION OF THE AVAILABILITY OF THE HOTEL AND COOKING COURSE.

Signature: _____

Date: _____