



Trip Registration Form

Please Fax, Scan or Mail. Contact Information is below.

Contact/Personal Information

Name: _____

Organization/Affiliation: _____

Address: Street _____ City _____ State _____ Zip Code _____

Email: _____ Phone: _____ Fax: _____

Special Requirements/Dietary Restrictions: _____

Rooming Information

- I will share a room with _____ (Contact AILF for fee adjustment)
- I wish to have my own room

Payment Information

Total cost for the trip is \$1850 and includes accommodation, all transportation within Poland, tours and admission costs and breakfast and lunch daily. An initial deposit of \$925 is due by April 15, 2009. Payment in full is due on May 1, 2009.

- I will pay by check.
(Please mail checks with this form to AILF at the address below)
- I will pay by credit card.
(Please complete the credit card information below)

Credit Card Payment

Total Amount to be charged at this time: _____

Card Holder's Name: _____

Card Type (Check One): Visa | Mastercard | American Express

Account Number: _____ Expiration Date: _____

Signature: _____

American Immigration Law Foundation
1331 G Street NW, Suite 200 | Washington, D.C. 20005
Tel: 202-507-7500 | Fax: 202-742-5619 | exchange@ailf.org