

CRUISE & SEMINAR REGISTRATION FORM:

**An Introduction to Self(s),
The Journey ***



With Renowned Medical Intuitive and Healer
of Addictions, Rhonda Lenair

**August 26 - Sept. 2, 2009
8 Days / 7 Nights**

PLEASE PRINT CLEARLY- MUST LIST FIRST & LAST NAME(S) AS APPEARS ON PASSPORT (NO MIDDLE NAME PLEASE)

Please Note: A passport is required for all passengers on this cruise

	<u>TITLE:</u>	<u>FIRST NAME:</u>	<u>LAST NAME:</u>	<u>BIRTH DATE:</u>
1.	_____	_____	_____	___/___/___
2.	_____	_____	_____	___/___/___
3.	_____	_____	_____	___/___/___

Attending Seminars: List Passenger number/s attending: (1,2,3)

Address: _____

City: _____ State: _____ Country: _____ Zip: _____

Day Phone: _____ Evening Phone: _____ Cell Phone: _____

E-Mail: _____

I would like a Single cabin I will be sharing a cabin with _____
(but not paying for)

Queen Bed/Together Twin Beds/Separate

Special Requests or Comments:

Circle Cabin

Category : H G F E D C B A HS SS MN GS

I wish to pay by: _____ Check (Cruise and Seminar payable to "Byrds Eye View" –one check is okay for both.) _____ Visa _____ MC _____ AmEx (3 /4 digit) security

CC#: _____ Exp.: _____ code: _____

I authorize the above card to be charged for the deposit now (15% of cruise fare per person), and final payment on May 20, 2009, unless other arrangements are made prior to that date.

Signature: _____ Date: _____

**Beverly Byrd / Byrds' Eye View Travel Email: bev@ByrdsEyeViewTravel.com
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