



# Vesterheim Norwegian-American Museum

## TOURS TO NORWAY - REGISTRATION FORM

Please circle the tour you are registering for: North to the Arctic and Sámiland Tour      Folk Art Tour

**MUST INCLUDE A COPY OF YOUR PASSPORT PHOTO AND INFORMATION WITH THIS FORM**

**Name #1** \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Nametag should read \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone(\_\_\_\_\_)\_\_\_\_\_ Cell Phone (\_\_\_\_\_)\_\_\_\_\_

Email \_\_\_\_\_

**Name #2** \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Nametag should read \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone(\_\_\_\_\_)\_\_\_\_\_ Cell Phone (\_\_\_\_\_)\_\_\_\_\_

Email \_\_\_\_\_

### Accommodations:

\_\_\_\_\_ I wish to have a single room and will pay the single supplement fee.

\_\_\_\_\_ I wish to share a room with \_\_\_\_\_

Please circle choices:    Smoking    Non-Smoking

Type of Room:    Double (with 1 double bed)    Twin double (with 2 twin beds)    (Type of room not guaranteed)

\_\_\_\_\_ I wish to room with another person requesting a roommate. Please answer these questions:

Do you smoke?    Yes    No                      Do you mind if roommate smokes?    Yes    No

May we give your phone number to a prospective roommate?    Yes    No

Please note: If you request shared accommodations, but have not lined up a roommate, we will do our best to secure a roommate on a first-come, first-served basis. If a roommate is not available, you will be charged a single supplement fee.

### Flight Arrangements:

\_\_\_\_\_ I wish to travel with the group from the departure/arrival city listed on the itinerary on the scheduled dates.

\_\_\_\_\_ I am interested in alternate arrangements (seating upgrade or post-tour extending dates) Please contact me.

\_\_\_\_\_ I wish to purchase the "land only" portion of this tour and will make all my own flight and transfer arrangements.

Seat requests (not guaranteed):

Name 1 \_\_\_\_\_ aisle    window    middle    (circle one)

Name 2 \_\_\_\_\_ aisle    window    middle    (circle one)

**Special events:** (during tour i.e. anniversary, birthday) Event \_\_\_\_\_ Date \_\_\_\_\_

**Special Diets:** Requested for the following participant/s: \_\_\_\_\_

Please circle: vegetarian gluten-free sugar-free salt-free kosher other \_\_\_\_\_

If you are a vegetarian, please specify whether you eat fish, shellfish, eggs, dairy \_\_\_\_\_

Allergies (food or other) \_\_\_\_\_

**Please list any medical conditions, medications, and physical limitations (see "Tour Terms and Conditions"):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**In case of an emergency, please notify:**

Name \_\_\_\_\_ Name \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

Daytime Telephone \_\_\_\_\_ Daytime Telephone \_\_\_\_\_

Evening Telephone \_\_\_\_\_ Evening Telephone \_\_\_\_\_

City and State \_\_\_\_\_ City and State \_\_\_\_\_

**Registration is accepted first-come, first-served, based on postmark. Please register by mail.**

\*Final payment is preferred by check or money order and is due 90 days prior to tour departure date.

\_\_\_\_\_ I/We have already made my/our deposit to Vesterheim

\_\_\_\_\_ Enclosed is my/our deposit of \$ \_\_\_\_\_, which applies toward the total tour fee. (\$500/person deposit is required.)

\_\_\_\_\_ I/We are paying by check or money order. (Checks payable to: Vesterheim Museum.)

\_\_\_\_\_ I/We authorize the charge to: VISA MASTERCARD DISCOVER AMERICAN EXPRESS

(Please note: if paid with a credit card a 4% fee will be applied. This fee is not refundable and will not be applied to your final payment.)

Cardholder's name (as it appears on card) \_\_\_\_\_

Expiration Date \_\_\_\_\_ Card number \_\_\_\_\_

Verification Code (3 digit number on back of card) \_\_\_\_\_ Signature \_\_\_\_\_

Can your name, address, and email be given to other participants traveling with the group? Yes No

May Vesterheim use photographs of you taken on this tour to promote its tour program? Yes No

How did you find out about this tour? \_\_\_\_\_

**All parties traveling, please date and sign:**

I/we have read, understand, and agree to the "Tour Terms and Conditions," including the responsibility provisions. I/we understand that a valid passport is required for travel to any country outside of the United States.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

Please return this registration to: Vesterheim Norwegian-American Museum, Tours To Norway, Attn: Michelle Whitehill

523 W. Water Street, P.O. Box 379, Decorah, IA 52101

Telephone: (563) 382-9681, ext. 240 • Email: mwhitehill@vesterheim.org