



Vesterheim Norwegian-American Museum

TOURS TO NORWAY - REGISTRATION FORM

Please circle the tour you are registering for: Coastal Voyage Textile Study

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 pre/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 _____

Telephone _____ Telephone _____

Cell Phone _____ Cell Phone _____

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 fee will be applied —2.49% for Visa/MC/Discover and 2.85% for Am. Exp.

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

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