

Reservation Form

Argentina Accompaniment Trip October 3 – October 15, 2016

Name #1 (as it appears on your passport):

Nickname:

Name #2 (as it appears on your passport):

Nickname:

Date of Birth _____

Date of Birth _____

Address : _____

City, State, Zip: _____

Home Phone Number: _____

Cell Phone Number: _____

E-mail: _____

Home Congregation: _____

Housing - Rooms are typically two persons to a room. Single rooms can often be arranged.

- I am interested in a single room. Please let me know the estimated additional costs for a single room.

Special Needs or Requests:

Please return this completed form and \$300 non-refundable deposit to:

Stephanie Lusienki – Argentina 2016
Nebraska Synod, ELCA
6757 Newport Ave., Suite 200
Omaha, NE 68152

(make checks payable to the "Nebraska Synod, ELCA" and write "Argentina 2016" in subject line)