

Circle your tour choice:

History

Beer 1

Beer 2

Christmas

MUST INCLUDE WITH YOUR COMPLETED REGISTRATION FORM:

1) COPY OF YOUR PASSPORT PHOTO PAGE

2) SIGNED HEALTH AND SAFETY PLEDGE

First Traveler _____

Nametag should read _____

Street Address _____

City _____ State _____ Zip Code _____

Daytime Phone (____) _____ Cell Phone (____) _____

Email _____

Second Traveler _____

Nametag should read _____

Street Address _____

City _____ State _____ Zip Code _____

Daytime Phone (____) _____ 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 _____

Circle choice: 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.

Special events: (during tour i.e. anniversary, birthday) Event _____ Date _____

Special Diets: Requested for the following participant/s: _____

If you are a vegetarian, specify if you eat fish, shellfish, eggs, dairy _____

Allergies (food or other) _____

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 _____

Please register by mail.

- Final payment is preferred by check or money order. An invoice will be sent to you 120 days prior to tour start date.
- Full payment due 90 days before tour departure.

_____ 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 —3.5% for Visa, Mastercard, Discover, and American Express
This fee is not refundable and will not be applied to your final payment.)

Card holder's name (as it appears on card) _____

Expiration Date _____ Card number _____

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

_____ I have enclosed a photocopy of my passport photo page.

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. All of the persons named below certify they are fit to travel and are not traveling contrary to medical advice.

Date _____ Signature _____

Date _____ Signature _____

Please mail to: Vesterheim Norwegian-American Museum
Attn: Rolf Svanoe - Coordinator of Tours to Norway
523 W Water St., Decorah IA 52101-0379

For more information, please call 563-382-9681, ext. 240, or e-mail NorwayTours@vesterheim.org.