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WEEK IN ITALY WITH **ST. BENEDICT**

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CONTACT INFORMATION

Your name *exactly* as it appears on your passport:

\_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

*The following information is now required by the U.S. government.  
This information must agree with your passport.*

PASSPORT INFORMATION

Passport #: \_\_\_\_\_

Date of issue: \_\_\_\_\_ Date of expiration: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Country of citizenship:  
\_\_\_\_\_

Place of birth: \_\_\_\_\_

Gender:  Male  Female

ACCOMMODATIONS

*Price is based on double occupancy*

I will share a room with: \_\_\_\_\_

2 beds  1 bed  1 or 2 beds OK

Please arrange same-gender room-mate

I prefer a single room\*

Please mail Registration and Deposit to:

Mount Tabor Centre, A Week with St. Benedict  
PO Box 700  
Orleans, MA 02653

\* A supplementary fee for single room to be determined