

**INTERNATIONAL SCULPTURE CENTER  
RESERVATION FORM**

**MEXICO CITY  
FEBRUARY 6-11, 2018**

If reserving space in a double, please indicate names of both parties. Deposits may be paid separately. Deposit check or credit card information must accompany this form to confirm participation. Complete one form per room. Please note: your passport must be valid at least 90 days after the date of entry into Mexico. **Initial here to indicate you understand the passport requirements previously noted:** \_\_\_\_\_

**PARTICIPANT INFORMATION:**

<b>GUEST 1</b>			
LAST NAME (AS SHOWN ON PASSPORT)	FIRST NAME	MIDDLE	
ADDRESS			
STREET ADDRESS	CITY	STATE	ZIP CODE
PHONE			
HOME	CELL	OFFICE	
EMAIL**		ALT EMAIL	
** ALL INFORMATION, TRAVEL TIPS, FORMS, CONFIRMATIONS, AND INVOICES ARE SENT ELECTRONICALLY.			

<b>GUEST 2*</b>			
LAST NAME (AS SHOWN ON PASSPORT)	FIRST NAME	MIDDLE	
ADDRESS			
STREET ADDRESS	CITY	STATE	ZIP CODE
PHONE			
HOME	CELL	OFFICE	
EMAIL**		ALT EMAIL	
** ALL INFORMATION, TRAVEL TIPS, FORMS, CONFIRMATIONS, AND INVOICES ARE SENT ELECTRONICALLY. * <input type="checkbox"/> INVOICE INDIVIDUALLY <input type="checkbox"/> DEPOSITS SENT SEPARATELY			

**PRICE INCLUDES 5 NIGHTS ACCOMODATIONS FEB 6 – 11, 2018, TRIPS, DAILY BREAKFAST, 4 LUNCHES + 3 DINNERS.  
COST PER PERSON AT W HOTEL MEXICO CITY:**

<input type="checkbox"/>	DOUBLE ROOM	\$2,750 USD	IF RESERVING SPACES IN <b>DOUBLE OCCUPANCY</b> , PLEASE <b>PROVIDE BOTH</b> <input type="checkbox"/> 1 KING <input type="checkbox"/> 2 DOUBLE <b>NAMES ABOVE AND INDICATE:</b> BED BEDS
<input type="checkbox"/>	SINGLE ROOM	\$3,500 USD	
<input type="checkbox"/>	ADDITIONAL HOTEL NIGHTS	\$295 USD	PLEASE INDICATE HERE THE <b>DATES</b> THAT YOU REQUIRE ADDITIONAL HOTEL NIGHTS:

**Total amount of payment due \$** . Enclose your deposit for 50% of the program cost to reserve your space. Payment can be made via check or credit card. Please make checks payable to **International Sculpture Center**. Credit card information can be provided on the following page. **Deposits are due no later than November 15, 2017.**

Upon receipt of your deposit, a letter of confirmation will be sent to you electronically. Additional information and forms to be completed and returned will be sent at a later date. An invoice for the remaining balance owed will be included at that time. **Full payment is due by December 10, 2017.**

**PAYMENT:**

- Payments are nontransferable and nonrefundable after the dates noted in the cancellation policy
- Payment can be made by check or credit card
- If paying by credit card, please fill out the form on the following page

**CANCELLATION POLICY:**

- Cancellation fee of \$1,000 until December 15, 2017. The remainder of your deposit will be refunded
- Cancellations after December 16, 2017 will forfeit entire cost of trip
- All cancellations must be made in writing via email to the Alexandra Johnson at alex@sculpture.org

**By signing below, I hereby agree to the aforementioned cancellation policy.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

We strongly recommend you purchase Trip Cancellation Insurance to cover unforeseen circumstances requiring cancellation of your travel. Information on acquiring trip insurance will be sent to you with your letter of confirmation. You will have two weeks from the date of confirmation to apply for insurance for coverage of pre-existing conditions.

**Please check one box**

- Enclosed is a check for the first deposit amount of 50% of the program cost. I will mail a check for the second and final payment of 50% of the program cost by December 10<sup>th</sup>.
- I,, \_\_\_\_\_ authorize International Sculpture Center to charge my credit card for the first deposit amount of 50% of the program cost. I also authorize International Sculpture Center to charge my credit card on December 10th for the second and final payment of 50% of the program cost.

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information				
Card Type:	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> Discover	<input type="checkbox"/> AMEX
	<input type="checkbox"/> Other _____			
Cardholder Name (as shown on card): _____				
Card Number: _____				
Expiration Date (mm/yy): _____				
Cardholder ZIP Code (from credit card billing address): _____				

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

**If returning this form and payment by mail, please send to:**

**INTERNATIONAL SCULPTURE CENTER**  
**Attn: Alexandra Johnson**  
14 Fairgrounds Road, Suite B  
Hamilton, NJ 08619-3447

**If returning this form and payment electronically, please send to: Alexandra Johnson, Executive Assistant, ISC at alex@sculpture.org**