

Greece/Turkey 2024 Reservation Form October 5 - October 18, 2024

## **PASSPORT INFORMATION**

Name(s) (exactly as it appears on your passport):				
Passenger 1		Passenger 2		
Passport Number:				
Date of Issue:				
Place of Issue:				
Date of Birth:				
Please also send a <u>photocopy</u> of the main information page of your passport which includes your photo. Note that due to travel regulations, your passport must remain valid for at least six months <u>after</u> our travel.				
CONTACT INFORMATION				
Address:				
City:	State:	Zip:		
Telephone:	Email:			
SINGLE SUPPLEMENT				
$\bigcirc$ Yes $\bigcirc$ No				
Information on the single supplement sect for the trip is available on the trip webpage at				

Information on the single supplement cost for the trip is available on the trip webpage at ctu.edu/events/.

DEPOSIT	
Enclosed is a check for \$500 per person to conthis deposit is fully refundable up to six weeks pri Please make checks out to: Catholic Theological University	ior to departure.
OPlease send me EFT/wire transfer instructions	S.
OPlease charge my credit card \$500 per person	for the refundable deposit.
,	credit card payments to cover part of our debit cards, ACH payments, wire transfers, or ırd over the phone, please call Justin Glenn at
Total Amount: \$	
Card Number:	
Expiration Date:	Security Code:
Name as it appears on card:	
Mailing Address:	

Please mail or email completed information form to:
Catholic Theological Union
Development Department
5416 S. Cornell Ave.
Chicago, IL 60615
devoffice@ctu.edu

State:

Zip:

City:

Please contact Rachel Kuhn <a href="mailto:rkuhn@ctu.edu">rkuhn@ctu.edu</a> or 773.371.5415 with any questions.