

# EUROPA NOSTRA HERITAGE TOURS 2010

## BOOKING FORM



- Emilia Romagna, Italy 3-9 May 2010  
 English Gardens, UK 20-26 June 2010  
 Tyrol, Austria / Italy 17-23 September 2010  
 Old Castile, Spain 11-17 October 2010  
 Copenhagen, Denmark 8-12 December 2010

Number of participants: \_\_\_\_\_

Type of room(s) required:  single room  double room  twin-bedded room

I would like to share a twin-bedded room with \_\_\_\_\_

Name (first, last): \_\_\_\_\_

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

City: \_\_\_\_\_

Postal code: \_\_\_\_\_

Country: \_\_\_\_\_

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

Fax: \_\_\_\_\_

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

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

Passport Number(s): \_\_\_\_\_

Name(s) of other person(s) for whom you are also booking: \_\_\_\_\_

Preferred name(s) on badge(s): \_\_\_\_\_

- I am a / we are member(s) of Europa Nostra  
 First name, last name, address (if different from above) will become a member of Europa Nostra at an annual membership fee of € 80 for individuals / € 130 for couples.  
 I have read and accept the booking conditions.  
 I enclose / authorise payment of deposit(s) of € 250 per person.  
*Please note that deposit payments are not refundable in case of cancellation*

**Bank transfer** (euro) to: **Europa Nostra** at ING, Postbus 49990, NL-1009 EW Amsterdam, The Netherlands, Acc. 631.86.30, IBAN: NL63INGB0006318630, BIC: INGBNL2A (*Please specify tour and your full name*)

Credit Card (+5% charges)  American Express  MasterCard  VISA

Credit Card number:                      expiry date:   /

NB: for MasterCard and Visa Card holders please add Card Validation Code (CVC) last 3 digits on the back of your card:

Card holder's name and billing address (*if different from above*): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Please send the duly completed form to:* EUROPA NOSTRA, Lange Voorhout 35, 2514 EC The Hague, The Netherlands  
Tel.: +31-70-302 40 54 Fax: +31-70-361 78 65 Email: [bz@europanostra.org](mailto:bz@europanostra.org)