

REGISTRATION FORM:

Last Name: _____

First Name: _____

Street: _____

Postal Code/ Zip : _____ State: _____

City: _____

Country: _____

E-Mail: _____

Phone: _____

Fax: _____

Date of Birth: _____ Nationality: _____

I want to share my room with : _____

I would like to include the additional night 6th to 7th and have added the price to the total YES / NO

I have included a check in the amount of \$/Euro/SF/£/ _____

I have transferred \$/Euro/SF/£/ _____ on ___/___/___

I have read the conditions contained in this announcement concerning the travel with *Zenith on the road* and approve of them.

Date: ___/___/___ Signature: _____

Please mail/ email or fax this form to:

Zenith

13, rue de la Tuilerie

F- 92150 SURESNES

France

Fax 33-(0)1-53.01.08.65

E-Mail: Travel@ZenithInstitute.com Web: www.ZenithInstitute.com