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wnpr

Piedmont Italy



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NAME *EXACTLY* AS ON PASSPORT OR PHOTO ID TO BE USED AT AIRPORT _____

DATE OF BIRTH _____ KNOWN TRAVELER #/REDRESS # _____

PASSPORT NUMBER _____ PASSPORT EXPIRATION DATE _____

FREQUENT FLYER ACCOUNTS AND NUMBERS _____

SEAT PREFERENCE WINDOW AISLE _____ BEDDING PREFERENCE KING 2 BEDS

FOOD ALLERGIES, MEDICAL ASSISTANCE, ETC _____

TRAVELER DETAILS (CONTINUED)

NAME **EXACTLY** AS ON PASSPORT OR PHOTO ID TO BE USED AT AIRPORT _____

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Please send enclosed form with deposit by **10 June 2016** to:
(Include check if that is your payment method.)

Connecticut Public Broadcasting Network
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