

*Diliberto Wine Tours, Inc.*

CAMPANIA ITALY 2019

**Travelers Preliminary Registration Form**

Name **EXACTLY** as it appears on Passport:

\_\_\_\_\_ **First Name**

\_\_\_\_\_ **Middle**

\_\_\_\_\_ **Last Name**

**Age:** \_\_\_\_\_

**Sex:** \_\_\_\_\_

**PASSPORT NUMBER** \_\_\_\_\_

**Passport Date of Issuance** \_\_\_\_\_ **Passport Date of Expiration** \_\_\_\_\_

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

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Mailing Address (if different)**

\_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone Numbers: (Home)** \_\_\_\_\_ **(Cell)** \_\_\_\_\_

**Email Address:**

**Occupation**

\_\_\_\_\_  
**(If retired / prior occupation)**

**Languages other than English** \_\_\_\_\_ **Level** \_\_\_\_\_

**Tour Date Choice (Check One)**

- \_\_\_\_\_ **May 19-25, 2019**  
\_\_\_\_\_ **June 2-June 8, 2019**  
\_\_\_\_\_ **September 8-14, 2019**

**PLEASE COMPLETE THIS FORM AND RETURN WITH A DEPOSIT OF  
\$1,500 PER PERSON TO:  
*Diliberto Wine Tours, Inc.*  
P.O. Box 702  
Jamesport, NY 11947**