

## **QST Registration Form**

I wish to participate in the Quaker Study Tour of Bolivia July 25--August 9, 2018. I understand that I will be asked to sign a legal waiver of liability and will be responsible for obtaining medical advice regarding the effects of altitudes of 12,500 feet or more, and for providing my own health insurance coverage for the trip.

N	My \$200US* non-refundable deposit is enclosed, as part of the total cost not to exceed \$1150.**				
I	want to pay \$165 addi	tional supplement fo	or a private room in Bolivia.	Yes	No
N	Name on Passport:		Passport#	Country of issue	
В	Birthdate				
ŀ	Home address:				
I	Home phone	Cell	email:		
- E	Emergency contacts:				
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			Dat		
We like t	•	rdinate with your ta	lents and interests, so we'll a	ppreciate the follow	ing optional
Occupati	on:	Prev	vious career, if retired		
Special in	nterests/ Hobbies:				
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	 t us to arrange for pa	yment in another	currency.		
**Price b	pased on double occu	upancy with minim	num group size of 10. <b>Air</b> t	fares are not inc	luded.
Mail con	npleted form, or emai	I the information t	0:		

**Quaker Study Tour** 10 Unger Lane Pittsburgh, PA 15217 USA Tel. 707 823-6034 (Pac time; GMT-8 hrs) qst.bolivia@gmail.com

Contact us for information on extensions, including Machu Picchu, Peru, or independent travel to Amazon jungle, or Uyuni, world's largest salt flat, second largest supply of lithium, and more.