



EuNC Vision Tour 2010

Registration Form

To: EuNC Office
Fax: 0049 – (0) 7734 - 80920 Phone: 0049 – (0) 7734 - 8090
E-Mail: office@eunc.edu
Address: European Nazarene College
Junkerstr. 68 - 70
8238 Büssingen
Switzerland
Website: www.eunc.edu/visiontour

Reservation requested for _____ adults.

Person 1:

First Name:	Last Name:
Address:	
Phone:	
Fax:	
E-Mail:	

Person 2:

First Name:	Last Name:
Address:	
Phone:	
Fax:	
E-Mail:	

Additional persons?

Please let us know your housing preference:

Double: ____ (if more than one, how many: ____)

Single: ____ (if more than one, how many: ____)

I (we) plan to arrive on _____ (date) and depart on _____ (date).

Flight information:

Airline and flight number with which you fly to Zurich:

Airport you are flying from to Zurich:

Date for departure from Zurich:

Time of your departure:

Airline and flight no: