

WAAVP 2003- TOUR REGISTRATION FORM

New Orleans August 10-14, 2003

Please use BLOCK CAPITALS for completing the form.

Last Name: _____

First Name: _____

Address: _____

City/State: _____ Postal Code: _____

Country: _____

Telephone: _____ Fax: _____

Email: _____

- Please check if you have a disability that requires special services and attach a description of needs.

Tickets purchased on-site will incur a \$3.00 surcharge per tour so order now

WEDNESDAY, AUGUST 13, 2003* *ALL TOURS DEPART FROM SHERATON HOTEL

TOUR NAME	TIME	COST	# OF TICKETS	SUB TOTAL
River Road Revisited	12:30pm-5:00pm	\$50.00		\$
Crescent City Jazz & Heritage	1:30pm-5:00pm	\$24.00		\$
C'est La Vie on the Bayou	2:00pm-5:00pm	\$37.00		\$
TOTAL AMOUNT ENCLOSED				\$ _____

For tour descriptions please see our website www.ccc-nola.com/waavp2003

Checks/money orders: Make payable to **CRESCENT CITY CONSULTANTS.**

Check payments must be made in U.S. funds drawn on U.S. banks.

Credit Card Charges: Complete card information required. Charge my:

? American Express ? Discover? Master Card ? Visa

CREDIT CARD NUMBER

EXP DATE

\$ _____
TOTAL TO BE CHARGED

NAME AS IT APPEARS ON CARD)

**MAIL OR FAX COMPLETED
FORM TO:**

Crescent City Consultants
Attention: WAAVP Tours
210 Baronne Street, Suite 1108
New Orleans, LA 70112
Phone: 504/561-1191
Fax: 504/561-5894

PLEASE double check for accuracy.

AUTHORIZED SIGNATURE