

Estimate cost for Reunion:

Name: _____
 Contact Tel: _____
 E-Mail: _____

Currency in US\$.					
		Each Person	Number of Person	Sub Total	Total
<u>A: Reunion Registration:</u>					
<u>(Including Banquet at Hilton Hotel)</u>					
5:00pm	1:	Any graduates from Medical, Dental, Vet, Pharmacy to and Paramedical School	150	x	=
11:00pm	2:	Spouse/ Guest /Child	100	x	=
Total A:					

		Each Person	Number of Person	Sub Total	
<u>B: Activities:</u>					
5-Sep	Half Day Los Angeles City tour : 4hours (After Free Mohinga brunch)	25	x	=	
6-Sep	Golf tournament (7:00am - 2:00pm)...Green Fees	90	x	=	
	Tennis Tournaments (7:00am - 2:00pm)...Court fees	30	x	=	
Total B:					

		Each Room	Number of Night	Sub Total	
<u>C: Hotel in Los Angeles:</u>					
Base on double occupancy					
1:	Hilton Hotel 4*	225 West Valley Blvd. San Gabriel, CA 91776 Tel: 626-270-2700	139	x	
2:	Comfort Suites 3*	9488 Valley Blvd. Rosemead, CA 91770 Tel: 626-228-0528	88	x	
<u>Please indicate check-in and check-out date:</u>					
1st:	In:	Out:			
2nd:	In:	Out:			
3rd:	In:	Out:			
Sub total:					
Number of Room				x	
Total C:					

D: Pre-Union Tour

7 Days / 6 Nights Yellowstone, Lake Tahoe, San Francisco Tours				Each Room	Number of Room	Sub Total	Total
29-Aug	Twin Room: Two Persons share one Room	465 x 2	930	x	=		
to	Triple Room: Three persons share one Room	435 x 3	1305	x	=		
4-Sep	Single Room: One person in room	668 x 1	668	x	=		
Total D:							

E: Post-Union Tour

3 Days / 2 Night Las Vegas & West Grand Canyon (Sky Walk)				Each Room	Number of Room	Sub Total	Total
7-Sep	Twin Room: Two Persons share one Room	299 x 2	598	x	=		
to	Triple Room: Three persons share one Room	260 x 3	780	x	=		
9-Sep	Single Room: One person in room	410 x 1	410	x	=		
Total E:							

F: Airport Transfer: Price in per car / per trip

Between : LA Airport & Hotel: maximum 4 person + 8 Luggage per car				Per trip	# of Car	Sub Total	Total
	One Way		60	x	=		
	Round Trip		120	x	=		
Total F:							

Please indicate arrival and departure flight information:

ARR: FLt# _____ From: _____ Time: _____

Dept: FLt# _____ To: _____ Time: _____

Total Amount Due for : A+B+C+D+E+F

If using Bank wire Transfer payment, please add \$20 bank services charge for each Transaction:

\$20

Total Amount Due:

Cancellation Policy:

- Before May 31th, 2009.....Full Refund
- Before June 30th, 2009.....80% Refund.
- Before July 31th, 200950% Refund
- After July 31th , 2009..... Sorry No Refund.