

IPDPS 2005 Tour Registration Form

April 1 - 11, 2005 – Denver, Colorado

Please read the registration instructions carefully before completing this form. **Do not send to IPDPS.** To reserve tickets for the tours, send or fax this reservation form to the address below. Tickets or a confirmation will not be sent.

Destination Services of Colorado
621 17th Street, Suite 1421
Denver, Colorado, 80293

Fax: 303-292-5213 (if paying by credit card)

PRE-REGISTRATION DEADLINE: The deadline for tour registration is Friday, March 11, 2005. Notice will be sent only if the tour you signed up for is full. No other confirmation will be sent. Registrations will be accepted on a first-come, first served basis.

TOUR CANCELLATION: Tour company reserves the right to cancel any tour or offer comparable substitutions if the minimum registration is not met or if a tour capacity is met. Tours that are cancelled or filled to capacity will be fully refunded.

TOUR DEPARTURE: Please arrive 20 minutes before departure time to allow for boarding at the East Entrance of Omni Interlocken. Tour will depart on time. There will be no refunds for missed tours.

TOUR REFUND POLICY: If you need to cancel your tour tickets, please notify the tour company in writing via certified U.S. mail or fax (303) 292-5213 no later than March 11, 2005. There will be no refunds or ticket exchanges after this deadline.

SPECIAL NEEDS: If you require special services please check here:
You must attach a written description of your disability/diet-related needs to your registration form.

<u>Tour#</u>	<u>Date</u>	<u>Time</u>	<u>Tour Name</u>	
#1	Sunday, April 3, 2005	10:00 am – 6:00 pm	Rocky Mountain Park Tour	___ Tickets @ \$60 = _____
#2	Tuesday, April 5, 2005	12:00 pm – 5:00 pm	Red Rocks & Buffalo Bill	___ Tickets @ \$50 = _____
#3	Thursday, April 7, 2005	12:00 pm – 5:00 pm	Discover Denver in Day	___ Tickets @ \$40 = _____

Total Amount Due: _____

Name: _____ Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____ Daytime Phone: _____

E-mail: _____ Emergency name and contact information: _____

METHOD OF PAYMENT:

___ Check Enclosed (\$USD) ___ American Express ___ MasterCard ___ Visa ___ Discover

Card Number _____ Exp Date: _____

Print Name on Card: _____ Authorized Signature: _____