The University of Scranton Alumni Society Presents

Lisbon, Portugal

November 7 – 14, 2004

$999 per person double
Airline & Departure Taxes $89 additional
Single Supplement $229

Your package includes:

- Roundtrip Air Newark/Lisbon
- Roundtrip Transfers Lisbon Airport/Hotel
- 6 Nights Accommodation in a 4* Centrally Located Hotel
- Buffet Breakfast Daily
- Welcome Dinner
- Half Day Sightseeing Tour of Lisbon
- Full Day Excursion to Sintra and the Estoril Coast
- Full Day Excursion to Obidos, Nazare and Fatima
- All Hotel VAT Taxes

Gratuities to Drivers/Guides are not included.
Optional Excursions are available at an additional cost.
Transportation to Newark Airport for Scranton Area Passengers will be available at an additional cost.

Terms & Conditions: A deposit of $250 per person is required at time of booking. Full payment is due 60 days prior to departure. All cancellations, revisions or changes are subject to a $25 charge per person. This charge will be in addition to any cancellation charges imposed by airlines, hotels and tour operators. Trip Cancellation and Interruption Insurance is available and highly recommended.

Your $250 per person deposit is due immediately to guarantee. First come/first served basis/based on availability. Please make checks payable to AROUND THE WORLD TRAVEL. (At this incredible price, credit cards cannot be accepted.)

Send deposit with coupon to: Robert R. Zelno, Director of Alumni Relations, University of Scranton, Scranton, PA 18510

For Information Call: 1-800-SCRANTON or e-mail: alumni@scranton.edu

Reservation Coupon (Alumni-DM-Portugal)

Name: _____________________________________________________________________________________________________________
(As it appears on Passport)

Address: _____________________________________________________________________________________________________________

City: ______________________________ State: _____________ Zip: ______________

Phone: (Day) ______________________ (Evening) ______________________ Email:________________________

Roommate: __________________________________________________________________________________________________________

Amount Enclosed: ______________________ Travel Insurance Protection Information: Yes ( ) No ( )