

**To join the Cinema Society for this special weekend, please complete this form and mail to:
TRAVEL PLANNERS, 5152 Waring Road, San Diego, CA 92120 • or fax to (619) 287-9168**

Date _____
 Enclosed is a check in the sum of \$ _____ for _____ people.
- or -
 I authorize a charge of \$ _____ for _____ people to my

(Visa, MasterCard or Amex Number / Expiration Date)

Please Print Cardholder Name and Sign

Street Address _____

City & Zip _____

Phone Day _____ Evening _____

Name of
Participant(s) _____

HOTEL and SILVER PASS Thurs. to Sun. Jan. 10-13
 PHOTO ENCLOSED PHOTO to be mailed by Dec. 1, 2007

HOTEL and COUPONS Thurs. to Sun. Jan. 10-13
Requesting Extra Hotel Nights - Dates: _____
____ 1 Bed ____ 2 Beds ____ Non-Smoking ____ Smoking

EVENTS ONLY WITH SILVER PASS
 PHOTO ENCLOSED PHOTO to be mailed by Dec. 1, 2007

EVENTS ONLY WITH COUPONS
Special Requests: _____

*I understand payments are non-refundable after
Nov. 10, 2007. On cancellations prior to Nov. 10, 2007, a
\$50 per person administration fee will apply.*