



BELIEVE INCORPORATED WASHINGTON DC TRIP REGISTRATION

(Please Print)

Email Address:				Today's Date:				
INFORMATION								
Last name:		First Name:		Middle:	<input type="checkbox"/> Mr.	<input type="checkbox"/> Miss	Marital status (circle one)	
					<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	Single	Married
Is this your legal name?		If not, what is your legal name?					Sex:	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	:					<input type="checkbox"/> M	<input type="checkbox"/> F
Mailing Address			City		State Code:	Zip	Cell Phone #	
Roommate last name:		First Name:			Cell Phone#		Email Address	
Special Travel Requirements:		Must have credit/debit card for hotel incidentals			Must have valid drivers license			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
PAYMENT INFORMATION								
<p>Total Cost: <u>\$620.00</u> (<i>Double occupancy hotel room</i>) (<i>Single occupancy hotel room</i>) Cost: <u>\$800.00</u></p>								
<p>(1) Initial Deposit <u>\$100.00</u> Date of Deposit _____ Balance after Deposit \$ _____ (Due with Registration)</p>								
<p>(2) Payment \$ _____ Date of Payment _____ Balance after Payment \$ _____</p>								
<p>(3) Payment \$ _____ Date of Payment _____ Balance after Payment \$ _____</p>								
<p>FULL AMOUNT (\$620.00) DUE BY MAY 10, 2019</p>								
<p style="text-align: center;">Mail payment(s) to: Believe Inc. 500 8th Ave South Nashville, TN 37203 Attn: Trip to DC</p>								
<p style="text-align: center;">Contact: Believe Inc. Phone or Txt: 629-200-3163</p>								



IN CASE OF EMERGENCY

Name of friend or relative	Relationship to member:	Home phone no.:	Work phone no.:
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IMPORTANT NOTICE: PLEASE READ!			
The above information is true to the best of my knowledge. I understand my deposit is non-refundable. Believe Inc. will follow the same guidelines as Amtrak and Marriott Hotels policies. Deposits are non-refundable.			
Signature		Date:	