



# FAM Application Form

The Travel Institute

148 Linden Street, Wellesley, MA 02482

Tel: 781-237-0280, 800-542-4282 • Fax: 781-237-3860

www.thetravelinstitute.com

## 1. Sponsor's Information (Please print or type)

Contact Name \_\_\_\_\_

Company Name \_\_\_\_\_

Business Address \_\_\_\_\_

City/Town \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Phone \_\_\_\_\_ Ext \_\_\_\_\_ Email \_\_\_\_\_

## 2. FAM Information (Please print or type and if needed feel free to use another sheet of paper)

Destination:

Place/s Visited: (Please limit to no more than 50 words)

Length of FAM: (number of days)

Date of Departure:

Price and what's included: (Please limit to no more than 50 words)

Contact Info: (include link to your site or FAM)

## 3. Payment Information (Please print or type)

Fee is \$60.00 for a single FAM trip listing and will be removed from our Web site on the date of departure.

Amount \$ \_\_\_\_\_

Check

Visa

MasterCard

American Express

Discover

Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

Cardholder signature and today's date \_\_\_\_\_

If paying by check, make payable to The Travel Institute and send to: The Travel Institute, 148 Linden Street, Wellesley, MA 02482. We reserve the right to edit content based on its length.