

Please sign me up for a fabulous week of opera!

Name(s)

Address

City, State, Zip

Phone

Email

Please indicate your choice:

single room

double room

sharing with (if submitting a separate form):

I prefer:

One king-size bed

Two queen-size beds

I require a handicap accessible room.

yes no

I will require transportation to/from the operas:

yes no

Special dietary considerations:

I am enclosing a deposit of:

\$800.00 per person (double) or \$1000 (single)

Please make the check payable to Lawrence Axelrod and mail to:

Lawrence Axelrod

5445 N. Sheridan Rd. #1212

Chicago, IL 60640