



Information Request Form

To receive more information on **MPO Educational Travel**, any attractions in this guide, or for an itinerary for a trip, please fill out this form and fax it to 613-636-0400. You may also call us toll free at **1-888-MPO-EDUC** and one of our representatives will fill out this request form with you. A copy of this form is available on our web site at: www.mpoeduc.com.

General Information

School/Organization Name _____ Date _____
 Address _____ City _____
 Province/State _____ Postal/Zip Code _____ Country _____
 Phone Number (____) _____ Fax (____) _____
 Contact Name _____ Position _____
 Contact Phone Number (____) _____ E-Mail _____

Departure date _____ Returning date _____ Number of days _____ Number of nights _____ Total number of students _____ Total number of adults _____ Age of students _____ Grade level _____ Number of adults to be free: _____ City to visit <input type="checkbox"/> Ottawa <input type="checkbox"/> Toronto <input type="checkbox"/> Niagara Falls <input type="checkbox"/> Québec <input type="checkbox"/> Montréal <input type="checkbox"/> New York <input type="checkbox"/> Boston <input type="checkbox"/> Other Specify Other # 1 _____ # 2 _____	Lodging <input type="checkbox"/> Yes <input type="checkbox"/> No Number of students per room _____ Number of adults per room _____ Transportation <input type="checkbox"/> Yes <input type="checkbox"/> No Type of bus <input type="checkbox"/> Coach <input type="checkbox"/> Activity Bus/ Modified School Bus <input type="checkbox"/> School Bus Plane tickets <input type="checkbox"/> Yes <input type="checkbox"/> No Train tickets <input type="checkbox"/> Yes <input type="checkbox"/> No	MPO Guide needed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Day <input type="checkbox"/> Night Meals <input type="checkbox"/> Yes <input type="checkbox"/> No Number of: BK Lunch Supper <input type="text"/> <input type="text"/> <input type="text"/> Additional Information: _____ _____ _____ _____
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Activities you are interested in:

1. Name: _____ City _____
 # 2. Name: _____ City _____
 # 3. Name: _____ City _____
 # 4. Name: _____ City _____
 # 5. Name: _____ City _____
 # 6. Name: _____ City _____
 # 7. Name: _____ City _____
 # 8. Name: _____ City _____
 # 9. Name: _____ City _____
 # 10. Name: _____ City _____

Please attach a list of any additional activities if more space is required.

If unsure of which activities to do, please chose which subjects you would be interested in.

Educational Activities:

- Art** (Music, Painting, Band, etc.)
- Science** (Nature, Earth, Physical)
- Cultural** (Language etc.)
- Historical** (Archeology, etc.)

Recreational Activities:

- Sports** (Skiing, Hockey, etc.)
- Shopping**
- Amusement park**
- Rafting, Canoeing**

Date tentative itinerary is needed for : _____ Approx. Budget (per student): \$ _____ CND US

Tel.: (613) 636-0100

1-888-MPO-EDUC (676-3382)

Fax: (613) 636-0400