



# British Isles Family History Society – U.S.A. Salt Lake City Research Trip

## A Full Week! Wednesday, 25 January to 1 February 2012

**Nancy Ellen Carlberg**, a professional genealogist, will lead a research trip to the Family History Library. We will stay at the Salt Lake City Plaza Hotel next to the Library. A deposit of at least \$100 is due by Wednesday, 4 January 2012, and full payment by Wednesday 11 January 2012. You will pay for your own food and incidentals while in Salt Lake City and make your own travel arrangements to and from Salt Lake City. Start preparing now for your trip by completing your family group sheets so that Nancy will help you.

**Hotel Cost: \$750 for one person staying alone in a room**  
**\$450 each for two people sharing a room**  
**\$300 each for three or four people sharing a room**

RootsTech 2012 will immediately follow on 2 – 4 February 2012 at the Salt Palace Convention Center. WOW! You can research for a week then attend the conference. The hotel cost listed above does not include the days of RootsTech 2012. It is a separate event.

See [www.bifhsusa.org](http://www.bifhsusa.org) for more details. Questions? Contact Nancy Carlberg at (714) 772-2849 or [n\\_carlberg@hotmail.com](mailto:n_carlberg@hotmail.com) or Lydia Jeffrey at (626) 359-1729 or [boallanstirling@hotmail.com](mailto:boallanstirling@hotmail.com)

### ----- Registration Form -----

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State & Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Sharing room with:

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

**Send to:**  
**Nancy Ellen Carlberg**  
**1782 Beacon Ave.**  
**Anaheim, California 92804-4515**

**Mark Payment Enclosed:**

- \$100 Deposit
- \$ \_\_\_\_\_ Deposit greater than \$100
- \$750 Full Payment, One in a Room
- \$450 Full Payment, Two in a Room
- \$300 Full Payment, Three or More in a Room

**Send Payment:** Amount \$ \_\_\_\_\_

- Check Payable to BIFHS-USA or
- Visa,  MasterCard,  Discover, or  Amer. Express

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Zip Code on Billing Address: \_\_\_\_\_

Print Name as it appears on credit card:

\_\_\_\_\_

Authorizing Signature:

\_\_\_\_\_

**Second Payment Form to Complete Payment on Reverse**

----- **Second Payment Form to Complete Payment** -----

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State & Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Sharing room with:

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

**Send to:**  
**Nancy Ellen Carlberg**  
**1782 Beacon Ave.**  
**Anaheim, California 92804-4515**

**Deposit Made Earlier: \$** \_\_\_\_\_

**Mark Payment Enclosed:**

\$650 if deposit was \$100 (\$750 total for one in a Room)

\$ \_\_\_\_\_ Remaining Payment

\$350 if deposit was \$100 (\$450 total for two in a Room)

\$ \_\_\_\_\_ Remaining Payment

\$200 if deposit was \$100 (\$300 total for three or more)

\$ \_\_\_\_\_ Remaining Payment

**Send Payment:**

Check Payable to BIFHS-USA or

Visa,  MasterCard,  Discover, or  Amer. Express

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Zip Code on Billing Address: \_\_\_\_\_

Print Name as it appears on credit card:

\_\_\_\_\_  
Authorizing Signature:

\_\_\_\_\_