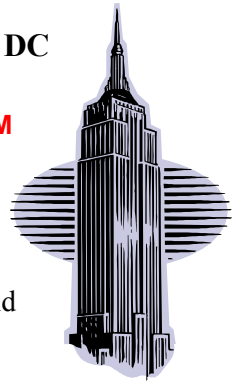




Spring Break Trip to New York City, Philadelphia, & Washington, DC March 7 – 12, 2010



Departure Time: Leave State College on **Sunday evening, March 7 at 6:00 PM**
Bring: Money for meals, change of clothes, toiletries

Sunday, March 7: Leave State College, at 6:00 PM & drive to Jersey City, New Jersey, arrive at 10:00 PM, and stay in a motel close to New York City.

Monday, March 8: Wake-up and eat breakfast at the motel. Take the train (\$1.50) into New York City and spend the day sightseeing in Manhattan. See the Empire State Building, Central Park, Times Square, Wall Street, Rockefeller Center, etc. After dinner return to our motel.

Tuesday, March 9: Wake-up, eat breakfast at the motel. Take the train (\$1.50) into New York City for a 2nd day of sightseeing in Manhattan. After dinner, return by train, to our motel.



Wednesday, March 10 - Drive to Philadelphia, see the Liberty Bell, Constitution Hall, etc. Drive to Host Families for dinner and spend the night.

Thursday, March 11 - Breakfast, drive to Washington, DC; see the sights for ½ day. Eat in Chinese Buffet restaurant. Spend the night in a motel.

Friday, March 12 – Spend the day sightseeing in D.C., and drive back to State College at the end of the day.



Cost: \$290 (\$180 for 4 night's motel fees + \$110 for travel fees – vehicle, insurance, gas, parking, tolls)

Drop off cash or check to our office at 210A Eisenhower chapel. If no one is there, just put it in an envelope and slip it under the door. I will send an email confirming I have received it.

We have room for 10 people

Other fees you will pay as we travel:

- **In New York:** Empire State Building visit **\$20**; Subway fare **\$8.25 per day**; **\$14** dinner
- **In Washington:** \$13 dinner
- **Additional Money for meals while traveling**

My cell phone number is: 814-880-0134

Detach below and give this with your \$290 check or cash to 210A Eisenhower Chapel

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Registration Information:

Name: _____ Are you: male or female (circle one)

Local Address: _____

Local Phone : _____

Cell Phone (if you have one): _____

Office/Lab address: _____

Age: _____

E-mail address : _____

Are you: (Check one) IECP Graduate Student
 Visiting Scholar Undergrad Student Spouse

Major/Field of Study: _____

Home Country: _____

In Case of Emergency, contact: _____ Phone: _____

List any medical issues, special needs or other items of concern: _____

Do you have Penn State Medical Insurance: Yes No (be sure to bring your insurance card with you)

Signature: _____ Date: _____