Registration Form

Tour Name: **Departure Date: / / 2010**

1st member Dr/Mr/Mrs/Ms.

Last Name_____ **Middle Name**_____ **First Name**_____
As it appears on your passport As it appears on your passport

Passport #_____ **Issue Date** _____ **Expiration** _____
Month/day/year Month/day/year

Birth Date_____ **Birthplace**_____ **Citizenship**_____ **Occupation**_____
Month/day/year

Tel_____ **Fax**_____ **E-Mail**_____

Home Street Address_____

City_____ **State**_____ **Zip/Postal Code**_____ **Country**_____

Signature_____ **Date**_____ ____**Smoking** ____**Non-Smoking**

2nd member Dr/Mr/Mrs/Ms.

Last Name_____ **Middle Name**_____ **First Name**_____
As it appears on your passport As it appears on your passport

Passport #_____ **Issue Date** _____**Expiration** _____
Month/day/year Month/day/year

Birth Date_____ **Birthplace**_____ **Citizenship**_____ **Occupation**_____
Month/day/year

Tel_____ **Fax**_____ **E-Mail**_____

Home Street Address_____

City_____ **State**_____ **Zip/Postal Code**_____ **Country**_____

Signature_____ **Date**_____ ____**Smoking** ____**Non-Smoking**

I have received and read the general condition and accept the contents.

Special Information

Request Preferences: Please indicate any special requests or preferences you may have, we will do our best to accommodate you._____

In case of emergency, whom should we contact? Name_____

Relationship_____ **Address**_____ **Tel**_____

Deposit for registering is $500 per person per tour

----- Please do not forget to sign the form and attach copy of your passport -----