***For reservations, complete the form below and include your non-refundable deposit of $250 per person payable by credit card only.***

***Passenger 1:***

Full name of passenger (must match passport) _____

Nationality _____ Date of Birth ____/____/____ Gender: ❑ M ❑ F Outbound

Inbound Flight Arrival Details _____ Departure Details _____

Type of Room: ❑ 1 BED ❑ 2 BEDS If sharing a TWIN room, provide name of roommate _____(N/A if no roommate)

Street Address _____

City/State/Zip _____

Daytime Phone _____

Evening Phone _____

**NOTES**:

Email _____

Emergency Contact _____

Emergency Contact Phone _____

***Passenger 2:***

Full name of passenger (must match passport) _____

Nationality _____ Date of Birth ____/____/____ Gender: ❑ M ❑ F

Inbound Flight Arrival Details _____ Outbound Departure Details _____

Type of Room: ❑ 1 BED ❑ 2 BEDS If sharing a TWIN room, provide name of roommate _____(N/A if no roommate)

Street Address _____

City/State/Zip _____

Daytime Phone _____

Evening Phone _____

Email _____

Emergency Contact _____

Emergency Contact Phone _____

**NOTES**:

*This tour is subject to CIE Tours' booking guidelines and cancellation penalties.*
*Refer to General Conditions on your CIE Tours group contract. CST# 2021285-20.*

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