

RESERVATION APPLICATION

(Fill out a separate application for each traveler.)

NAME OF TOUR: **16 Day Capitals of Central Europe Tour**

LAND & AIR / LAND ONLY

TOUR DEPARTURE DATE: **May 17 – June 1, 2008**

DEPARTURE CITY: _____

EARLY DEPARTURE/LATER RETURN/EXTENSION REQUESTS (please indicate extension hotel requests, if applicable): _____

- **A Reservation Application and signature is required for EACH** person traveling.
- Yes, we do need "Date of Birth" for each participant.
- Type or print **name exactly as** it appears/will appear **in your passport**. For "Title", indicate Mr., Mrs., or Ms.

NAME: _____ / _____ / _____ / _____
(Title) (First Name) (Middle Name/Initial) (Last Name)

ADDRESS: _____ / _____ / _____ / _____
(No. & Street) (City) (State) (Zip Code)

PH: _____ / _____ / _____ EMAIL ADDRESS: _____
(A.C.) (Home) (Alternate) (Optional)

PASSPORT NO: _____ EXP. DATE: _____ PLACE OF ISSUE: _____
(Passport must be valid for at least 3 months after return date. You may leave line above blank and advise when you receive your passport.)

CITIZENSHIP: _____ DATE OF BIRTH: _____ PLACE OF BIRTH: _____
(Country) (Month/Day/Year) (State and/or Country)

NAME OF PHYSICIAN: _____ PH: _____ / _____

EMERGENCY CONTACT: _____ RELATION: _____ PH: _____ / _____

ROOMMATE'S NAME: _____

SINGLES: If you do **not** wish to have a roommate, check this box . If you are a non-smoker and are requesting to **share** a room, check this box Share requests, please note that we will give your phone number to other share requests.

NAME(S) OF TRAVELING COMPANION(S) (if applicable): **Maureen Halsey's Group**

Travel Insurance (please check one of the options within this box):

- I wish to purchase the Image Tours Travel Protection Plan and have included the premium with my deposit.
- I wish to decline the Travel Insurance offered through Image Tours, Inc.

Please select only one of the following three payment options:

- My payment information is noted on the reverse of this form, together with my travel companion's payment information
- Enclosed is my deposit, plus insurance premium if applicable, of \$309.00.
- Please charge \$ _____ (DEPOSIT AND INSURANCE ONLY) to my Discover / Visa / MasterCard.

Important: For full or final payments, request a Final Invoice for credit card authorization.

Exp. Date: _____ Account #: _____ CVC #: _____

Billing Address if different than above: _____

I have read the Image Tours brochure pertaining to this tour, and I understand and accept its contents, including "Answers to Frequently Asked Questions" and "Tour Contract."

SIGNATURE OF PERSON TRAVELING: _____

(Please sign full name, as it appears/will appear in your passport. If traveler is under 18, legal guardian must also sign)

PRINT & SIGN CARD HOLDER'S NAME (if different than above): _____

I FOUND OUT ABOUT THE TOUR FROM: Maureen Halsey / Tour Group Leader

(Name of Newspaper, Direct Mailer, Internet, or Other Source)

IMPORTANT! . . . Travel agent:

PLEASE COMPLETE THE INFORMATION BELOW AND IN THE BOX!

Res ID: _____ IATAN #: 52441550

Ph: 502-875-4641 Fax: 775-514-1493

Agent's Full Name: Maureen Halsey

Agent's Email Address: HoneyTravelKy@aol.com

Memorable Travels

Price Guarantee Policy and Credit Card Authorization

Because our trip will not take place until May 2008 there are many variables that can effect the final price, including value of the Euro against the US Dollar and airline fuel costs. Therefore our tour operator IMAGE TOURS can only guarantee these prices through September 21, 2007. In order to lock in these prices you must pay the entire price of your tour in full by 9/21/07. If you choose to only pay the \$309 deposit at this time the final price of the tour maybe higher. If the final price is more than 6% of our 9/21/07 price you may request, in writing, a refund of your deposit.

We strongly recommend you use a credit card for all payments.

CREDIT CARD AUTHORIZATION

I, (print your name) _____, hereby authorize IMAGE TOURS to apply the amount of \$ _____ to my credit card towards charges for the below described passengers and tour:

a) PASSENGERS NAMES:

b) TOUR: Capitals of Central Europe Tour May 17 – June 1, 2008, Maureen Halsey

Credit Card Type and Number : _____ Security Code _____

Name on Card: _____

Expiration Date of Card:

Billing Address of Card: Street _____

City _____ Zip _____

Your telephone number: _____ fax _____

Your email: _____

Your Signature: _____

IMPORTANT: Please fax a signed copy of this form to: 775-514-1493.

**OR MAIL TO: Rudy & Maureen Wright
232 Cherry Knoll Pl
Frankfort KY 40601**

All Terms & Conditions Established by Image Tours, Inc.

Please go to our website: MHWTRIPS.com and click on *Capitals of Central Europe Tour* and then click on *Terms & Conditions*. Read carefully. Call us with any questions.
If you cannot open this information, please call us and we will send you a copy.