

REGISTRATION FORM

Tour & Tour Date: "Big Five" Ntaba Tours Safari: April 17-May 2, 2009

IMPORTANT: Please print or type. Mail this form to: MEMORABLE TRAVELS, CO. LTD
232 CHERRY KNOLL PL, FRANKFORT, KY 40601

Registration Deadline: January 2, 2009 with a check, January 8, 2009 by credit card *

PERSONAL INFORMATION

(See Terms & Conditions for further details)

Name **exactly** as endorsed in passport

Title _____ First _____ Middle _____ Last _____

Birth Date _____ Gender: M F

Street Address _____

City, State, Zip _____

Home Phone _____ Work Phone _____

Email _____ Fax _____

Emergency Contact (name) _____

Day phone () _____ Evening phone () _____

Passport No: _____ Exp. Date: _____ Place of Issue: _____

Citizenship: _____ Place of Birth: _____

TOTAL COST

The total cost of the tour per participant is US\$5750.00 sharing. Please refer to terms and conditions for cancellation and refund terms. It is strongly recommended that you purchase travel insurance, also available through Ntaba Tours.

ROOMING

Please assign a roommate (additional US\$750.00 if none is available)

Non Smoker Smoker

I will room with _____

I will room alone (additional US\$750.00 for Single Supplement)

SPECIAL DIETARY REQUIREMENTS _____

FOR FLIGHTS: Seating Request _____ * Special Meal Request _____

50% NON-REFUNDABLE DEPOSIT

Enclosed is my check in the amount of \$ _____ (minimum US\$2875.00 per participant) as a deposit towards this tour. (Payable to Ntaba Tours). Balance payable by Feb 3-by check, Feb 12 by credit card, 2009.

Visa Master Card American Express

Please Note: For Credit Card payments add a 3% processing fee to each payment made

Card Number _____

Expiration Date (mm/yy) _____ Amount of Payment: US\$ _____

CVV Security Code _____

Signature as shown on card _____

TRAVEL INSURANCE (Please check one of the following options. Contact Memorable Travels for details)

I wish to purchase Travel Insurance through MEMORABLE TRAVELS and will make separate payment at time of deposit.

I wish to decline the Travel Insurance offered through MEMORABLE TRAVELS.

SIGNATURE _____ **Date** _____

Client Signature

* See Terms & Conditions for further details