

RESERVATION APPLICATION

NAME OF TOUR: **_15 Day Scandinavian Splendor**

LAND & AIR / LAND ONLY

TOUR DEPARTURE DATE: **July 26th - August 9th, 2006** DEPARTURE CITY: _____

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

EACH person in party must complete and sign his/her own Reservation Application. Please observe the following instructions:

- Type or print **name exactly as** it appears/will appear **in your passport**. For "Title", indicate Mr., Mrs., or Ms.
- Yes, we do need "Date of Birth" for each participant.

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

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

PH: _____ / _____ / _____ CITIZENSHIP: _____
(A.C.) (Home) (Alternate) (Country)

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

PASSPORT NO: _____ ISSUE 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.)

NAME OF PHYSICIAN: _____ PH: _____ / _____

CLOSEST RELATIVE: _____ RELATION: _____ PH: _____ / _____

ROOMMATE'S NAME: _____

SINGLES, if you do **not** wish to have a roommate, check this box . If you would like us to try to find you a roommate, please answer the following: Do you smoke? YES /NO . Do you mind if roommate smokes? YES /NO .

May we give your phone number to possible roommates? YES /NO

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 Plus and have included the \$99 p.p. premium with my deposit.
 I wish to decline the travel insurance options offered through Image Tours, Inc.

Enclosed is my credit card deposit, plus insurance premium if applicable, of \$ \$299.00 _____.

Please charge my Discover Visa MasterCard.

(Note: The cardholder must be the above tour participant.)

Use this form only for deposit and insurance (see next option for full payment.)

After your account number, write the last 3 digits of the Card Validation Code (found on the signature side of your card).

\$ 299.00 _____, Exp. Date: _____, Account # _____ CVC: _____

I have read the Image Tours "Tour Contract", pertaining to this tour, and I understand and accept its contents, including "Answers to Frequently Asked Questions." (If traveler is under 18, legal guardian must also sign).

I want to pay the entire amount due in order to guarantee 11/28/05 price. See Credit Card Authorization Form on page 2.

SIGNATURE OF PERSON TRAVELING: _____
(Please sign full name, as it appears/will appear in your passport)

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!

DATE: _____ RESERVATION ID: _____

IATAN NO: 52441550 _____

PH: 502-875-4641 _____ FAX: 775-514-1493 _____

AGENT: Maureen Halsey _____

Memorable Travels

Price Guarantee Policy and Credit Card Authorization

Because our trip will not take place until July 2006 there are many variables that can affect 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 November 28, 2005. In order to lock in these prices you must pay the entire price of your tour in full by 11/28/05. If you choose to only pay the \$299 deposit at this time the final price of the tour maybe higher however, your place on the tour will be reserved . If the final price is more than 6% of our 11/28/05 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
(For use when paying in full)

I, (print your name as it appears on your card) _____, hereby authorize IMAGE TOURS to apply the amount of \$ _____ to my **Visa** **Master Card** **Discover** towards charges for the below described passengers and tour:

a) PASSENGERS NAMES:

b) TOUR: Scandinavian Splendor July 26, 2006, Maureen Halsey

Credit Card Type and Number : _____ Security Code _____

Name on Card: _____

Expiration Date of Card:

Billing Address on Card: Street _____

City _____ Zip _____

Your telephone number _____ fax _____

Your email: _____

Your Signature: _____

IMPORTANT: Please fax a signed copy of this form along with your application 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 *Scandinavian 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.