|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Tour: | | | | | | Reservation / Invoice #: | | | | | | | |
| Departure   Date | |  | | | | From | |  | | | | | |
| Arrival Date | |  | | | | In | |  | | | | | |
| Return Date | |  | | | | From | |  | | | | | |
| Last Name | |  | | | | Last Name | |  | | | | | |
| First Name | |  | | | | First Name | |  | | | | | |
| Middle Name | |  | | | | Middle Name | |  | | | | | |
| Profession | |  | | | | Profession | |  | | | | | |
| Address: | | | | | | Address: | | | | | | | |
| City: | | |  | | | City: | |  | | | | | |
| State: | | | Zip: | | | State: | | Zip: | | | | | |
| Phone (H): | | | | | Fax | Phone (H): | | | | | | | Fax: |
| Phone (W/ C): | | | | | Fax | Phone (W/ C): | | | | | | | Fax: |
| e-mail: | | | | | | e-mail: | | | | | | | |
| *Emergency Contact: Name:* | | | | | | | | | | | | | |
| *Phone/ Cell:* | |  | | | | *Address:* | | |  | | | | |
| *e-mail :* | |  | | | |
| Nationality | |  | | | | Nationality | | |  | | | | |
| Passport No. | |  | | | | Passport No. | | |  | | | | |
| Place of Issue | |  | | | | Place of Issue | | |  | | | | |
| Date of Issue | |  | | | | Date of Issue | | |  | | | | |
| Date of Expiry | |  | | | | Date of Expiry | | |  | | | | |
| Date of Birth | |  | | | | Date of Birth | | |  | | | | |
| **Important Passenger and Travel Agent Information:** Itineraries, land prices, accommodation and airfares are subject to change due to circumstances beyond our control. Reservations are accepted with your clear understanding of our responsibilities and conditions as outlined in Terms and Conditions / brochure. Deposits for tours to Tibet, Myanmar, Bhutan, wildlife parks, luxury trains, trekking, river rafting, adventure programs and FIT / Custom Designed arrangements are non refundable. | | | | | | | | | | | | | |
| I/we have read and understand the terms and conditions and through making the deposit in accordance therewith agree to be  bound by them thereof.  Client Signature/s: | | | | | | | | | | | | | |
| Form of Payment | | | | Check  Credit Card | | Amount | US$ | | | | | | |
| Credit Card :  Visa  MC  AmEx  Discover | | | | | | Please click here for [CC Authorization Form](http://www.exoticjourneys.com/CCBillingAuthorizationForm.pdf) | | | | | | | |
| Credit Card No. | | | | | | Date of Expiry | | | |  | | | |
| Name on C.C. | | | | | | Security Number (See back of card) | | | | | | | |
| C.C. Billing Address :(must match address on your bill) | | | | | | City : | | | | | | | |
| State : | | | | | Zip : | | |
| Travel Agency : | | | | | | Address : | | | | | | | |
| City : |  | | | | | State : | | | | | | Zip : | |
| e-mail : |  | | | | | ARC / IATAN / CLIA : | | | | | | | |
| Phone : |  | | | | | Fax : | | | | | | | |
| Name of TA : | | | | | | Signature of TA : | | | | | | | |
| Published prices reflect cash discount if paid by check. Initial deposits are accepted by credit card without bank processing fee.  Final payment is requested by check. Final payment by credit card will require non-refundable bank-processing fee. | | | | | | | | | | | | | |



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E-mail : **info@exoticjourneys.com**

Website : **www.exoticjourneys.com**

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*(Please type, print, sign and return/ fax with your deposit/payments)  
To book space on tours, a deposit of US $ 500.00 per person is required.*