TOUR REGISTRATION FORM (2018)

Traveling Together, inc.

2166 Drew Street, Suite B Clearwater FL 33765 PH. 727-239-0483 Fax 727-239-0485

Email: <u>info@travelingtogether.net</u>
Website: <u>www.TravelingTogether.net</u>

To book a Traveling Together tour, *fill in this form and mail it along with your initial deposit of \$700.00 per person*. *Please use one form per person unless your traveling companion has the same last name and mailing address*.

<i>TOUR</i> :	<u>T(</u>			
Will you be joining us for the op	otional extension (if applicable)? Yes	No		
YOUR name(s) as it appears of	n your passport, which is required. (Any cha	anges may be subject to a change fee):		
Street Address:				
City:	State:	Zip:		
Phone: ()	Fax:	Email:		
First Name(s) to appear on name	etag:			
Name of roommate (if applicabl	e):			
will be departing from		(your preference of local airport)		
Accommodation request:				
Single (Single supplement applications) Smoking preference: Non In case of emergency, contact:		e Double occupancy: 2 beds1 bed		
		Phone: ()		
Charge my credit card in the Coircle one) Visa Maste Card #	erCard American Express	g Together, Inc p/Security code:		
This authorization is for the tour	Authorized Size or cruise only. Any flight arrangements or execution according to Northwood Trave			
_	veling Together, Inc Terms and Conditions			
Please let us know where vo	ou heard about this tour:	((03/30/2	