

TOUR REGISTRATION FORM (2012)

Traveling Together, inc.

2166 Drew Street, Suite B
Clearwater FL 33765
PH. 727-239-0483 Fax 727-239-0485
Email: info@travelingtogether.net
Website: www.TravelingTogether.net

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.

TOUR: _____ **TOUR DATE:** _____

Will you be joining us for the optional extension (if applicable)? ____ Yes ____ No

YOUR name(s) as it appears on your passport, which is required. (Any changes may be subject to a change fee):

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Fax: _____ Email: _____

First Name(s) to appear on nametag: _____

Name of roommate (if applicable): _____

I will be departing from _____ (your preference of local airport)

Accommodation request:

Single (Single supplement applies) ____ Single w/request for a roommate ____ Double occupancy: 2 beds ____ 1 bed ____

Smoking preference: ____ Non-smoking ____ smoking

In case of emergency, contact:

Name: _____ Phone: () _____

Method of payment:

____ Check or Money Order in the amount of \$ _____ payable to Traveling Together, Inc

____ Charge my credit card in the amount of \$ _____

(circle one) Visa MasterCard American Express

Card # _____

Security code _____ Exp. _____ / _____ Billing Zip Code _____

Cardholder Name: _____ **Authorized Signature:** _____

This authorization is for the tour or cruise only. Any flight arrangements or extra night hotel room reservations with Northwood Travel would require authorization according to Northwood Travel's signature requirements.

I have read and accept the Traveling Together, Inc 2012 Terms and Conditions of booking.

Signature: _____ **Date:** _____

Please let us know where you heard about this tour: _____