

ARCHITECTURE ADDICTION GROUP TRAVELER RESERVATION FORM

Group Coordinator Name: Kathryn Purviance

#59799422

Tour Selection

Name of Tour _____

Departure Date: (1st choice) ___/___/___ (2nd choice) ___/___/___ Departure City: _____
MO DY YR MO DY YR

I would like to add the following excursions: _____

Traveler Information

Traveler 1: _____ D.O.B.: ___/___/___ Tel: (____) _____
(First and Last Name as it appears on passport) MO DY YR

Email Address: _____

Address: _____ City: _____ State: _____ Zip: _____

Emergency contact person: _____ Tel: (____) _____

Traveler 2: _____ D.O.B.: ___/___/___ Tel: (____) _____
(First and Last Name as it appears on passport) MO DY YR

Email Address: _____

Address: _____ City: _____ State: _____ Zip: _____

Emergency contact person: _____ Tel: (____) _____

Accommodations:

2 Twin beds Double bed (one bed for two) Single room (single supplement charges apply) Cabin Category _____

Roommate: _____

Land & Sea: Cruise Dining Preference: Early Seating Late Seating Table for: 2 4 6 8

Insurance:

I would like to purchase the following travel protection:

TravelSafe Gold package or select one of the following: Medical Baggage & Property Trip Interruption/Cancellation

(I understand that by selecting and paying for the TravelSafe Plus Plan with my Reservation Fee, I will receive added benefits under Efekta Insurance International Ltd's special Anytime Protection Plan. Please see TravelSafe Plan for coverage details and prices.)

Payment Information:

Reservation fee \$ _____ + Insurance fee \$ _____ = Total payment due: \$ _____

(Reservation fee: \$300 per person for land tours or \$450 per person on land & sea tours)

I have enclosed a check or money order payable to "Go Ahead Tours" for the total fee of: \$ _____

(Please include the names of all travelers on your check or money order.)

I authorize you to charge my credit card for the total fee of: \$ _____

MasterCard Visa American Express Card number: _____ Exp. date: ___/___/___
MM DD YY

Cardholder name: _____ Cardholder signature: _____

Terms & Conditions:

I/ we understand and accept all terms and conditions of the agreement pertaining to the tour as described in the "Terms and Conditions" form.

Signature (TRAVELER 1)

Date

Signature (TRAVELER 2)

Date

Mail or Fax to:

Mail: Kathryn Purviance – Coordinator, 91 Pearl Street, Ste #3R; Somerville MA 02145