



Traveler Registration

Please read the booking conditions and detailed itinerary carefully before completing this form. Complete and email to Info@nandajourneys.com. A \$500 per person deposit is due when submitting this application (via check or credit card). Be sure to complete the guest/additional traveler section for anyone traveling with you on this trip.

TOUR NAME _____ **LEADER** _____ **TOUR DATE** _____

TITLE _____ **FIRST** _____ **LAST** _____
{Preferred name}

CREDENTIALS _____ **JOB TITLE** _____

EMPLOYER _____

MAILING ADDRESS _____

{please provide primary/preferred address for any materials – no PO box}

CONTACT INFORMATION *{Please indicate with check mark your preferred choice for being contacted}*

Home Tel _____ Cell _____ Work _____

Email _____

EMERGENCY CONTACT _____

{Include name, contact details, relationship to you – make sure it is not someone traveling with you}

PASSPORT INFORMATION *{please send/email a copy of the picture page of your passport before travel}*

Birth date _____ State/Country of birth _____

Citizenship _____ Passport # _____ Expiration date _____

Issuing authority _____ Name _____

{Your name exactly as it reads on your passport}

Do you subscribe to any Social Media Apps Yes No

If yes, would you be willing to let Nanda Journeys connect with you? Please complete your details below.



ACCOMPANYING GUEST INFORMATION {include additional \$500 deposit}

TITLE _____ FIRST _____ LAST _____
{Preferred name}

CREDENTIALS _____ JOB TITLE _____

EMPLOYER _____

Would you like to participate in the professional meetings during the program? Yes No

GUEST MAILING ADDRESS _____
{If different from primary traveler above}

GUEST CONTACT INFORMATION {Please indicate with check mark your preferred choice for being contacted}

Home Tel _____ Cell _____ Work _____

Email _____

GUEST EMERGENCY CONTACT _____
{Include name, contact details, relationship to you – make sure it is not someone traveling with you}

GUEST PASSPORT INFORMATION *{please send/email a copy of the picture page of your passport before travel}*

Birth date _____ State/Country of birth _____

Citizenship _____ Passport # _____ Expiration date _____

Issuing authority _____ Name _____

{Your name exactly as it reads on your passport}

ROOMING INFORMATION – *{Please complete if traveling alone, or with a guest, to indicate your preference}*

Requested Roommate _____

Double/1 bed Twin/2 beds Single (additional charge)

*Note that default is non-smoking room. If a smoking room is required, based on availability, please let us know.

TRAVELER AGREEMENT

I/we hereby accept the role of traveler for Nanda Journeys. I agree to the following conditions:

- I/we have carefully read and understand the Booking Conditions and detailed itinerary before completing this registration form.
- I/we know that a \$500 per person deposit is due when submitting this application (via check or credit card). I/we have completed the guest/additional traveler section for anyone traveling with me on this trip.
- I am/we are familiar with the components of the Nanda Journeys trip and attest to my/our physical fitness and ability to actively participate in all activities.
- I/we understand that there will be risks, dangers, and hazards and I/we freely accept and fully assume all such risks.
- I/we understand that several payment options are available to meet my/our needs. I will contact Nanda Journeys at 888.747.7501 or Info@NandaJourneys.com to discuss which option is best for me/us.
- I/we attest, as indicated with my/our signature, that I/we have read and understand the Booking Conditions.

Signed Traveler _____ Date _____

Signed Guest _____ Date _____