



April 14 - 20, 2018

Personal Information Please provide name <i>exactly</i> as it appears on your driver's license. Incorrect information may result in denied boarding.														
Guest 1														
First Name:			Middle Name:				Last N	Last Name:						:
Date of Birth:	//		Gender:		Male 🗆 Female		Email:							
Guest 2 (Only if you live in the same household as Guest 1)														
First Name:			Middle Name:				Last N	Last Name:						:
Date of Birth:	/	/	Gender:		Male 🗆	Female	Email	:						
Contact Information														
Address:			City:							State	e:		Zip:	
Cell: ()_			Home:	()			_ V	Vork:	()_			
Options & Room Preferences														
Bedding Preference: □ 1 King			Bed 🛛 2 Twin Beds			Smoking Preference:				Non-smoking 🛛 Smoking				
Do you want travel insurance?			Yes		No	Roommate's Name:								
Emergency Contact & Payment Details														
Emergency Contact (Someone not traveling with you that can be reached in the event of an emergency.)														
Name:			Relationship:				Phone		lumber:	()			
Payment Details														
Credit Card Num			Expirat	Expiration Date:				Security Code:		Code:				
Name as it appe	ars on	credit card:												
Credit card hold	er signa	ature:												
I agree to pay according to the payments are nonrefundable.	card issuer ag	greement. I understand a	and accept the cancellation	policy, t	terms & conditions	. The price and pa	kage amenitie	s are subje	ct to availability	and could	change p	prior to fina	al payment. Seat	s are limited. All

Book now to confirm your reservation as space is limited!

A deposit plus optional insurance is due at the time of registration. Deposit – \$250 per person + insurance – Due by November 10, 2017 Balances will be due by February 5, 2018

International Tours & Cruises

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