

## Traveler Registration

Please read the booking conditions and detailed itinerary carefully before completing this form. Complete and email to <a href="mailto:lnfo@nandajourneys.com">lnfo@nandajourneys.com</a>. A \$500 deposit is due (via credit card or check) along with the form. Be sure to complete the guest/additional traveler section for anyone traveling with you on this trip.

TOUR NAME		_ INSTRUCTOR		DATE
TITI F	FIRST		ΙΔST	
	{Preferred name}		LASI ———	
CREDENTIAI	LS	_ JOB TITLE		
Referred By				
MAILING AD	DDRESS			
{please prov	ride primary/preferred o	address for any materials -	– no PO box}	
CONTACT IN	IFORMATION {Please in	ndicate with check mark y	our preferred ch	oice for being contacted}
Home t	tel	Cell		Work
Email _				
EMERGENCY	Y CONTACT			
{Include nan	ne, contact details, rela	tionship to you – make su	re it is not some	one traveling with you}
PASSPORT II	NFORMATION {please	send/email a copy of the p	oicture page of y	our passport before travel}
Birth date _		State/Country o	of birth	
Citizenship _		Passport #		Expiration date
Issuing auth	ority	Name		
		{Your name exo	actly as it reads a	on vour passport}

Nanda Journeys Tel +888-747-7501

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info@n

dajourneys.com



## Traveler Registration

Do you subscribe to any Soci	al Media Apps	Yes	No				
If yes, would you be willing to	o let Nanda Journe	eys connect	with you? Please complete your details below.				
8+			<b>f</b>				
ACCOMPANYING G	UEST INFORI	MATION	{include additional \$500 deposit}				
TITLE FIRST			LAST				
{Preferred no	ıme}						
CREDENTIALS JOB TITLE							
EMPLOYER							
Would you like to participate in the Yoga instruction during the program?  Yes No							
GUEST MAILING ADDRESS							
{If different from primary traveler above}							
			-				
GUEST CONTACT INFORMAT	I <b>ION</b> {Please indica	ite with che	ck mark your preferred choice for being contacted}				
Home tel		Cell	Work				
Email							
GUEST EMERGENCY CONTAG	<b>`T</b>						

Nanda Journeys Tel

Tel +888-747-7501

Email info@nanadajourneys.com

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



## Traveler Registration

Birth date	State/Country of birth	State/Country of birth					
Citizenship	Passport #	Expiration date					
Issuing authority	Name	Name					
	{Your name exactly as it reads on your passport}						
ROOMING INFORMATION – {Please col	nplete if traveling alone, or v	with a guest, to indicate your preference}					
Requested Roommate							
Double/1 bed Twin/2 beds	Single (additio	nal charge)					
*Note that default is non-smoking room. If a sm	oking room is required, based on a	vailability, please let us know.					
TRAVELER AGREEMENT							
I/we hereby accept the role of traveler	for Nanda Journeys. I agree	e to the following conditions:					
<ul> <li>I/we have carefully read and ur form.</li> </ul>	• I/we have carefully read and understand the Booking Conditions and detailed itinerary before completing this form.						
• •	·	nitting this application (via check or credit card). I/we					
•	omponents of the Nanda Jou	rneys trip and attest to my/our physical fitness and					
<ul> <li>I/we understand that there will be risks, dangers, and hazards and I/we freely accept and fully assume all such risks.</li> </ul>							
• I/we understand that several payment options are available to meet my/our needs. I will contact Nanda Journeys at 888.747.7501 or <a href="mailto:lnfo@NandaJourneys.com">lnfo@NandaJourneys.com</a> to discuss which option is best for me/us.							
<ul> <li>I/we attest, as indicated with m</li> </ul>	y/our signature, that I/we ha	ave read and understand the Booking Conditions.					
Signed Traveler		Date					
Signed Guest		Date					