

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 / /
mm dd yyyy

PRIMARY TRAVELER INFORMATION

Title _____ First _____ Last _____
(Preferred name)

Credentials _____ Job title _____ Employer _____

MAILING ADDRESS *(Please provide primary/preferred address for any materials - no P.O. box)* Home Business

Street _____

City _____ State _____ Zip _____

CONTACT INFORMATION *(Please indicate with check mark your preferred choice for being contacted)*

Home _____ Cell _____ Work _____

Email _____

EMERGENCY CONTACT INFORMATION *(Make sure it is not someone traveling with you)*

Name _____ Relationship _____

Primary phone _____ Secondary phone _____

PASSPORT INFORMATION *(Please send/email a copy of the picture page of your passport before travel)*

Name _____ Birth date / /
(Your name **exactly** as it reads on your passport) mm dd yyyy

State/Country of birth _____ Citizenship _____

Passport # _____ Expiration date / / Issuing authority _____
mm dd yyyy

Gender Male Female

ROOMING INFORMATION *(Please complete if traveling alone, or with a guest, to indicate your preference*)*

Requested roommate _____ Double/1 bed Twin/2 beds Single
 Non smoking Smoking (Additional charge)

Rooming Disclaimer ****A limited number of single rooms are available at extra cost on a first-come, first-served basis, but availability cannot be guaranteed. Nanda Journeys will endeavor to assist persons requesting a roommate, however, a shared room cannot be guaranteed. Participants will be contacted to confirm space in a shared occupancy room approx. 90 days prior to travel. If we are unsuccessful in finding a suitable roommate, the enrollee will be invoiced the applicable single supplement.****

ACCOMPANYING GUEST INFORMATION *(Please include additional \$500 deposit)*

Title _____ First _____ Last _____
(Preferred name)

Credentials _____ Job title _____ Employer _____

I plan to participate in the professional meetings during the program.* Yes No

*Applies only to Career Enrichment journeys, excluding Cuba.

CST 212590-40

TRAVELER REGISTRATION



GUEST MAILING ADDRESS *(If different from primary traveler above)*

Street _____

City _____ State _____ Zip _____

GUEST CONTACT INFORMATION *(Please indicate with check mark your preferred choice for being contacted)*

Home _____ Cell _____ Work _____

Email _____

GUEST EMERGENCY CONTACT INFORMATION *(Make sure it is not someone traveling with you)*

Name _____ Relationship _____

Primary phone _____ Secondary phone _____

GUEST PASSPORT INFORMATION *(Please send/email a copy of the picture page of your passport before travel)*

Name _____ Birth date / /
(Your name exactly as it reads on your passport) *mm dd yyyy*

State/Country of birth _____ Citizenship _____

Passport # _____ Expiration date / / Issuing authority _____
mm dd yyyy

Gender Male Female

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.

Signature _____ Date / /
mm dd yyyy

Guest signature _____ Date / /
mm dd yyyy

Return completed form Return this form either by email, fax, or mail to the contact info listed below.

Email: Info@NandaJourneys.com | **Fax:** 888.747.7501 | **Mailing address:** 500 Cathedral Dr #2377, Aptos, CA 95001