



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 Nar	Middle Name:				Last Nan		Suf						
Date of Birth:/		Gender:	Gender:			emale	Email:									
Guest 2 (C	Guest 2 (Only if you live in the same household as Guest 1)															
First Name:			Middle Na	Middle Name:				Last Nan				Suffix:				
Date of Birth:/		Gender:	Gender: 🗆 Male			male	Email:									
Contact Information																
Address:				City:						Stat	te:		Zip:			
Cell: ()		_ Home:	Home: (Work:		()					
Options & Room Preferences																
Bedding Preference: ☐ 1 King			ıg Bed □ 2	Bed □ 2 Twin Beds				Smoking Preference:			□ Non-smoking □ Smoking					
Do you want travel insurance?			□ Yes	□ Yes □ No			ommate									
	Emergency Contact & Payment Details															
Emergency Contact (Someone not traveling with you that can be reached in the event of an emergency.)																
Name:			Relati	Relationship					Phone Number:)					
Payment Details																
Credit Card						Expiration Date:			Security Code:							
Name as it	appears	on credit card	:													
Credit card	holder si	gnature:														
I agree to pay according payments are nonrefur		er agreement. I understa	nd and accept the cancellati	on policy,	terms & condition	ons. The	price and pack	kage amenities are	subject to availability	y and could	d change	prior to final p	payment. Seats a	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 December 8, 2017

Balances will be due by February 5, 2018



International Tours & Cruises

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