

Traveler Information as it appears on your PASSPORT

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| Last Name: please print ALL INFORMATION ON FORM | |
| First Name: | |
| Middle Name: | |
| Mailing Address: | |
| City, State, Zip: | |
| Email address: | @ |
| Date of Birth: Please use month abbreviation JAN,FEB,MAR,APR,MAY,JUN,JUL,AUG,SEP,OCT,NOV,DEC | DATE,MONTH,YEAR |
| Nationality: If you are a US citizen, nationality is US | |
| Passport NUMBER: | |
| Passport Issue Location: | |
| Passport Expire Date: | DATE, MONTH, YEAR |
| TELEPHONE NUMBER: Beginning with area code | [] area code |

Additional Information

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|--------------------------------|---------------------------|
| Travel Insurance: send info | Circle yes or no |
| Decline insurance information: | Circle yes or no |
| Rooming With: NAME [1] | |
| | |
| SINGLE Room Supplement: | \$595.00 per person |

Emergency Contact in the USA [FAMILY MEMBER **not traveling with you]**

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|-------------------------------------|--|
| In case of emergency, contact: Name | |
| Emergency contact's address: | |
| Emergency contact's phone: | |

Total tour cost \$2,450.00 per person AIR from NYC and based on double occupancy

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|---|--|
| \$500.00 deposit [check or money order] Final payment March 15, 2018 After March 15, 2018 payment in full along with this completed form to: | |
| Keane Int'l Impressions | |
| PO Box 240242 | |
| Charlotte, NC 28224-0242 | |