



Traveler Information as it appears on your PASSPORT

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 example: 15 OCT 2018
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

Travel Insurance: send info	Circle yes or no
Decline insurance information:	Circle yes or no
Rooming With: NAME [1]	
SINGLE Room Supplement:	\$493.00 per person

EMERGENCY CONTACT in the USA [FAMILY MEMBER not traveling with you]

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

Tour total cost \$3,850.00 per person AIR INCLUSIVE
\$2,000.00 initial deposit with registration (or payment in full)
Send [check or money order] along with this completed form to:

Keane Int'l Impressions	
PO Box 240242	
Charlotte, NC 28224-0242	

No passport, no problem*: Register now, provide passport info later.

*Passport is required for travel outside the US. Passport must be valid six months past return date.

Final payment of \$1,850.00 due 15MAR2020

