



## Booking & Registration Form

**This is page 1 of a 2-page Registration Form. Please complete both pages**

**YES!** Register me for the following: (One form per registrant, *please*)

Description	US \$
Tour	
Single Supplement, in addition to above	
<b>TOTAL PAYABLE</b>	

A non-refundable deposit of \$ 500.00, is payable immediately. Remaining amount is payable on or before respective booking date to qualify for the posted price. One form per person. Please copy this form as necessary. **You are strongly advised to make your International flight booking as soon as possible, as cheaper tickets get sold out soonest.** Contact your travel agent or our travel partner, Apollo Travel at +1-617-876-4471 or e-mail: ApolloTravel@gmail.com.

**CANCELLATIONS:** Following cancellation charges, as a percentage of total price apply (EXCLUDING the airfare segment for which airline cancellation applies), subject to a minimum cancellation amount of \$ 500.00:

60+ days before departure \$ 500	08-20 days before departure 75 %
21-59 days before departure 50 %	0-7 days before departure/No Shows 100 %

**TRAVEL INSURANCE:** Cancellation Insurance is strongly recommended as no exceptions to the cancellation provisions can be made.  I will purchase travel insurance through your agency.  I will not purchase travel insurance and understand that any financial loss or emergency medical expense will be assumed by me. I have read the terms and conditions and fully understand the cancellation penalties.

**FLIGHT DETAILS:** My flight arrival and departure details are: *(This information can be supplied later)*

ARRIVAL: City  Airline  Flight #  Time  Date:

DEPARTURE: City  Airline  Flight #  Time  Date:

First name:  Last name:  Occupation:   
*(As in passport. Please print)*

Address:

Town:  State:  Zip:  Country:

Day Ph:  Eve Ph:  E-mail:   
*(Please print CLEARLY)*

Date of Birth:  Citizenship:  I **do/not** smoke. Sex: M/F. Passport no:

If sharing a room, I want to share with:  Signature: \_\_\_\_\_

**This is page 2 of a 2-page Registration Form. Please complete both pages**

**Check or Money Order Payments**

Enclosed is my Check or Money Order for \$ \_\_\_\_\_,  
Made payable to **Spiritual Journeys, Inc.**  
Mail to 262 Upland Rd, Cambridge, MA 02140, USA.

**Bank Transfers**

Please contact us and we will provide you our bank information.

**Credit Card Payments**

*Please furnish your credit card information (if your billing address is different than your address given above, please provide that also, and sign): **DO NOT E-MAIL THIS INFORMATION***

Please debit my **Visa / Mastercard / American Express** credit card (circle one) for the sum of US \$

\_\_\_\_\_. My credit card number is: \_\_\_\_\_.

Expiry (month & year) is: \_\_\_\_\_. Three digit security code on back (Visa and MC) or

four digit security code in front (AX) is: \_\_\_\_\_. My name as on card: \_\_\_\_\_.

The billing address is same as above or:

Address: \_\_\_\_\_.

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_.