**Travels & Tours**
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# Booking & Registration Form

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

| Description | Code | US $ |
|---|---|---|
| | | |
| | | |
| ***TOTAL PAYABLE*** | | |

Non-refundable deposit of $ 1,000.00, is payable immediately. Remaining amount payable on or before 60 days before start of tour. 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.

**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.

**CANCELLATIONS:** Following cancellation charges, as a percentage of tour price apply (EXCLUDING the airfare segment for which the airline cancellation applies), subject to a minimum cancellation of $ 1,000.00:

60+ days before departure $ 1,000
21-59 days before departure 50 %
08-20 days before departure 75 %
0-7 days before departure/No Shows 100 %

**FLIGHT DETAILS:** My flight arrival and departure details are:

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: _____.

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

If sharing a room, I want to share with: _____ Signature: _____.

**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 go to our secure server and fill in your credit card information:* ***Do NOT SEND or E-MAIL this INFORMATION to US***

Go to: **Pay Now**. (http://www.spiritualjourneys.net/pay-now.html).