



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 | |
| TOTAL PAYABLE | |

A non-refundable deposit of \$ 1,000.00, 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 \$ 1,000.00:

| | |
|------------------------------------|--|
| 60+ days before departure \$ 1,000 | 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: _____.