

EastWest International Tours  
2008 Reservation Application

**Peru & Galapagos**  
April 10 - 23, 2008

**Portugal & Spain**  
Sept 26 - Oct 10, 2008

**France Tour**  
May 22 - June 3, 2008

**China w/Yangtze Cruise**  
October 13 - 28, 2008

**Russia Past & Present**  
Sept 11 - 22, 2008

**Vietnam & Cambodia**  
Dec 28, 2008 - Jan 14, 2009

**Passenger #1-Name as it appears on Passport (last, first, middle name):** \_\_\_\_\_

Nickname: \_\_\_\_\_ Birthday: (month/day/year): \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Passport # \_\_\_\_\_ Exp. Date (month/day/year): \_\_\_\_\_

**Please circle air seating preference (will try to accommodate request):** Window Center Aisle

**Passenger #2 - Name as it appears on Passport: (last, first, middle name):** \_\_\_\_\_

Nickname: \_\_\_\_\_ Birthday: (month/day/year): \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Passport # \_\_\_\_\_ Exp. Date (month/day/year): \_\_\_\_\_

**Please circle air seating preference (will try to accommodate request):** Window Center Aisle

**Additional Choices:** Bed Type: King Single Twin Cabin Category on Cruise \_\_\_\_\_

Single Supplement: yes no Single wishing to share: yes no

Special Request ie: dietary needs, allergies, etc: \_\_\_\_\_

Signature Passenger 1: \_\_\_\_\_ Date: \_\_\_\_\_

Signature Passenger 2: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*PLEASE ENCLOSE A COPY OF ALL PASSENGERS' PASSPORT PICTURE PAGE\*\*\***

**Required deposit for all tours is \$500.00 per person**

**Enclosed please find my check/credit card payment for \$ \_\_\_\_\_ deposit for \_\_\_\_\_ person(s)**

Instructions for Credit Card Payment: We accept Visa and MasterCard

- 1.) The following documents must be supplied to our office
  - a.) This completed Credit Cardholder's Authorization Form (see below)
  - b.) Legible photocopies of cardholder's credit card, Front & Back

- 2.) Please mail this form and all photocopies to the address below, or fax to: 949-499-7311  
Attn: Accounting Department

**Name on credit card:** \_\_\_\_\_ **Card Type:** \_\_\_\_\_ **Security Code:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

By signing this authorization form, I agree to pay such total (together with any other charges due thereon) subject to and in accordance with the agreement governing the use of such card. I waive my right to dispute these charges. I have read the Terms, Conditions and cancellations policy, (see reverse side) and agree to same.

Authorized Amount \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please make checks payable to



925 Acapulco St. , Laguna Beach, CA 92651  
Reservations: 800-359-6719 Fax: 949-499-7311  
Email: info@eastwest-tours.com