

# Booking Form

## CULTURAL TOURS LTD.

320 Regent Street, London, W1B 3BB

Telephone: 020-7636-7906 Fax: 020-7436-3053

E-mail: info@culturaltours.co.uk

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS

### 1. Name(s) of traveller(s).

Title	Full Given Names (as shown on Passport)	Surname	Date of Birth	Passport No.	Expiry Date	Country of Issue	Nationality

### 2. Holiday Details.

Departure Date	Tour Name (including option)	Extension at the end of tour	Flight Upgrade	UK Domestic flights (local airport name)	Single Supplement	Special Request
	Name: Option:		Outbound: Inbound:			

### 3. Travel Insurance.

- Insurance premium should be paid together with your deposit. Please indicate below if you require insurance.
- If the travel insurance is taken out with your Travel Agent, please forward a copy of the certificate.

YES

(Premium to be paid with deposit.)

NO

(Please forward a copy of your certificate.)

### 4. Address for Correspondence/Documents. (please print)

Address:		
Telephone No:	Fax No:	E-mail address:

### 5. Remittance with Booking.

Deposit £200 per person or 15% of your total holiday cost (whichever is the greater) plus insurance premium if applicable is due upon booking. An extra 2% bank charge will apply for payment by Visa or Master Card and 3% for payment by American Express. No extra charge for debit card (switch, Delta or Solo). Full payment if traveling within two months.

Card Type:

Card Number:

Expiry Date:

Issue number or starting date:

Card Holder's Name:

### 6. Declaration.

I, the signatory, certify on behalf of persons included on this Form by whom I am authorized to make this booking, that I have read, understood and accepted the conditions under which this tour is sold and offered to me.

ABTA No.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_