Reservation Form

iouay s Date.	Γ¢	oday's	s Date:	
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Please send a completed registration and a scanned copy of passport to info@asiagetaway.com.

One form per person.

Mail deposit to Asia Getaway Inc. | 7668 El Camino Real, Ste 104-618 | Carlsbad, CA 92009

Tour Code:	Japan Treasures		Travel Date:		September 10-18, 2020	
TRAVELER'S INFORMA	TION (Print information exactly as it appears on your passport.)					
Given Names:						
Surname:						
DOB (mm/dd/yyyy):		Gender:			Nationality:	
Passport Number:		Date of Expiration (mm/dd/yyyy):		on		
Phone:						
Contact Email:	(List the email addresses you wish to receive information regarding to the tour).					
Mailing Address:						
City:		State:			Zip Code:	
EMERGENCY CONTAC	Т					
Full Name:				Rela	tionship:	
Phone:		Email:				
PERSONAL PREFEREN			, i			
Travel Insurance:	 I wish to purchase the travel insurance. I do not wish to purchase insurance protection. 					
Room Type:	□ Single Room□ Double Room (1 King/Queen bed)□ Twin Room (2 twin beds)□ Triple Room (2 twin beds and a rollaway bed)				ay bed)	
Share Room With:						
Dietary	□ Vegetarian □ Gluten Free □ Diabetic □ Vegan					
Restrictions:	□ Allergies (please list):					
_	eating Preference:					
Comments:						
DEPOSIT OPTIONS						
Deposit (\$500)	□ Check payment (preferable) (check number#:) □ Credit card (4% processing fee applies) Credit card type (Visa/Master Card/American Express): Credit card holder name: Credit card number: Credit card expiry date: Sec. code:					
	□ Wire deposit (bank confirmation #:)					

www.asiagetaway.com/japan-treasures



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ASIA GETAWAY INC	Add: 7668 El Camino Real, Ste 104-618, Carlsbad, CA 92009 CST#: 2045443-40				