

Booking Form

TRAVELER #1

Full Name AS IT APPEARS ON YOUR PASSPORT* Mr./Ms./Dr.			
Street Address			
City	State/Region	Zip/Postal Code	Country
Birth Date (dd/mm/yyyy)	Passport #	Country Issued	Exp. Date (dd/mm/yyyy)
Phone (Home)	(Work)	(Cell)	
Fax	E-Mail	Occupation	
IN CASE OF EMERGENCY Contact		Phone	Fax

TRAVELER #2

Full Name AS IT APPEARS ON YOUR PASSPORT* Mr./Ms./Dr.			
Street Address			
City	State/Region	Zip/Postal Code	Country
Birth Date (dd/mm/yyyy)	Passport #	Country Issued	Exp. Date (dd/mm/yyyy)
Phone (Home)	(Work)	(Cell)	
Fax	E-Mail	Occupation	
IN CASE OF EMERGENCY Contact		Phone	Fax

*Your airline ticket must match your passport.

ACCOMMODATION (check one)

- I am sharing a room with Traveler #2 or with _____ who is submitting a separate booking form. I understand that if my roommate cancels at any time, I will owe the single supplement unless another roommate is found.
- I am traveling alone. Please match me with a roommate, if possible. I understand that I will owe the single supplement if a roommate is not found.
- I wish to have single accommodation (without a roommate).

TRAVEL INSURANCE PLAN (check one)

- I will purchase either the #R790A or #R790B Travel Insurance Plan offered within 15 days of making my deposit.
- I will purchase a different travel protection plan and submit a copy of my certificate to IkonTour at the address below.
- I decline travel insurance protection. Traveler #1 _____ Traveler #2 _____ (please initial)

PAYMENT (check one)

- My non-refundable tour deposit is enclosed as follows: \$300 USD x _____ (# of Travelers) = _____ Total
- My tour payment in full (\$300 USD non-refundable) is enclosed as follows:
- Twin share \$1,655 USD x _____ (# of Travelers) = _____ Total
- Single \$1,895 USD x _____ (# of Travelers) = _____ Total

I have read and understand the Terms & Conditions of this tour. With my payment and signature below, I accept those Terms & Conditions.

SIGNATURES

Traveler #1 _____ Date _____ Traveler #2 _____ Date _____

Please mail completed booking form and deposit/payment to:

SS. PETER & PAUL ORTHODOX MISSION, INC.
PO Box 42816
TUCSON, AZ 85733-2816