

WASITRAC TRADE MISSION TO INDIA REGISTRATION FORM

Please fax COMPLETED authorization to **1-425-488-0979**

Card Holder Name _____ (as shown on CREDIT CARD)

Traveler's Name if different from Cardholder's Name _____

Credit Card Type: VISA MC AMEX OTHER CCV _____
[MC/VI- 3 last digits on back /AX-4 digits on front]

Credit Card No: _____ **Exp Date:** _____

Card Holder Billing Address: _____

Card Holder's Home Phone: _____ EMAIL: _____

SERVICES PROVIDED:

AIRFARE: Business Class Economy Class

TOUR: 9 NIGHTS TRADE MISSION TO INDIA TOUR. November 11-23, 2010.

Room Type: Single Twin Sharing with _____

DEPOSIT: \$500 (Charged when this form is received)

BALANCE: 45 days prior to departure (payable by check)

TRAVEL INSURANCE: REQUEST FOR QUOTE DECLINED

I, the undersigned have been advised and accepted Travel Agency's Term & Conditions obtaining to the purchase of my Travel Services. I have reviewed my itinerary and I verify that all information is accurate. I understand that penalties, travel delays or re-calculation may apply should any corrections need to be made. I understand that it is my responsibility to obtain the necessary documents for travel including passports and visas.

I authorize East West Tours to charge my card for the travel services described above the amount of \$ _____ upon receipt of this form, Balance or Final Payment to be charged according to payment policy.

SIGNATURE OF CARD HOLDER: _____
(MUST BE SAME AS SHOWN ON CARD)

CANCELLATION POLICY: \$500 per person 61 - 90 days prior to departure, 50% of the land tour cost 31 - 60 days prior to departure, no refund inside 30days to departure.

Contact Person: Rajiv Sawhney (425) 398-4000; Cell (206) 240-5026



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