



Address: 140 West 98th Street, Minneapolis, MN 55420, USA
 Telephone: 952-736-3653 or 888-832-6028
 www.ciactravel.com

A FULL SERVICE TRAVEL AGENCY

Booking Form

Before completing this form, please study the booking conditions and important information carefully. Complete details in block letters and return to us with **passport copies** of each passengers. **A deposit of \$250 per person is required. Full payment is due 45 days prior to departure.**

CIAC Travel Consultant Name: _____

Please reserve _____ place(s) on the _____ tour (Tour Code is: _____) departing on _____ (Date)
 Our departure point will be: MSP [] Others _____ Prefer Airline: _____

PASSENGERS INFORMATION:

No.	Title	Surname	Given Names	DOB	Passport No.	Expiry Date	Room Type	Remarks
1								
2								
3								
4								

Do any of the above named suffers from any physical disabilities? [] Yes [] No
 If yes, please attach doctor's certificate stating fitness to travel.

Travel insurance is highly recommended, would your passengers like to take the insurance? [] Yes [] No

I am authorized to sign this form on behalf of all the persons named above. I/We the undersigned person(s) have and understand of the conditions of contract on this brochure illustrating the above tour and agree to accept the condition contained therein.

Signature: _____ Name (Please print): _____ Date: _____

Address: _____ City _____ State _____ Zip _____

Tel: _____ Mobile: _____ Fax: _____

Email: _____

PASSENGER CONTACT IN CASE OF EMERGENCY:

Name: _____ Tel: _____ Cell: _____

Payment options (please choose one):

- Cheque:** Payable to CIAC Travel Inc.
 Direct Deposit: Please ask our bank detail. (please fax us the pay slip to acknowledge that the amount has been transferred.)
 Credit Card: Processing fee will be applied (2% for Bankcard, Visa and Master Cards; 3.5% for Amex and Diners Cards)

Credit Card Authorization Form		MasterCard <input type="checkbox"/>	Visa <input type="checkbox"/>	Amex <input type="checkbox"/>	Diners <input type="checkbox"/>
I, _____, give the authorization to CIAC Travel Inc. to charge amount of \$ _____ from my credit card:					
Account Number (card number)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Expiry Date: _____ / _____		To protect our customers, please send photo ID to verify the signature.			
Card Holder's Name (please print): _____		Signature: _____			

Can we use your contacts for future travel products if you agree disagree