

Imagine ADVENTURES

Reservation Form

Complete this reservation form and return it with your payment to:
Imagine Adventures • 544 Carol Street • Ashland, OR 97520
For any questions or to register by phone, call: 541-301-7469
Please print carefully!

Tour name: UNFOLDING IN PARIS with NANCY HILL - 2nd Group, May 11-16, 2013

Costs: \$1,825 per person with double occupancy. Single supplement add \$500

Cost for spouses/partners not participating in Nancy's workshop: \$1,325

NOTE: THERE IS A 3% DISCOUNT ON PAYMENTS BY CHECK.

Cost per person: \$ _____ / _____ Date of tour: May 11-16, 2013 # of persons _____

Departure city _____

Deposit (per person) \$ _____ X (# of travelers) = \$ _____

X (# of travelers) = \$ _____

Total enclosed = \$ _____

Payment method: Check Mastercard Visa

Credit card # _____ Expiration date _____

Name on credit card _____

Chg. Signature _____

Billing address on credit card if different from below

Street Address _____

City _____ State _____ Zip _____

Deposit: Your reservation will be confirmed upon receipt of your deposit of \$400.00. The deposit is non-refundable.

Note: All prices based on international exchange rates, which are subject to change.

Payment: After payment of deposit, half payment of the balance is due 90 days prior to departure and the final payment is due 60 days prior to departure. **Cancellation:** 45-60 days before departure: 50% of tour price refunded. 31-44 days prior to departure: 25% of tour price refunded. 30 days or less prior to departure: No refund.

Travel Protection: Imagine Adventures recommends that you consider optional trip cancellation and interruption insurance as described on our web site.

Proof of US Citizenship: All international tours require a current passport. Your passport number should be recorded by ImagineAdentures prior to final payment. Please send a color copy of your passport (page with your photo and passport expiration information) along with this reservation form. **Non U. S. Citizens** are responsible to fulfill appropriate entry requirements of destination country. Contact your Consulate office for requirements.

Responsibility: ImagineAdentures is the principle and is responsible for the arrangements and services described in their promotional materials. ImagineAdentures, its employees and agents cannot be held responsible, in the absence of their own gross neglect, for events over which they have no control, nor for acts and omissions by persons, companies or agencies, including hotels, airlines, restaurants, sea and land transportation companies, which are not directly controlled by ImagineAdentures.

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FIRST PASSENGER

Full Name (as it appears on passport)

Passport number _____

Issuing country of passport _____

Passport issue date _____

Expiration date _____

Date of birth: _____ (M/D/Y) M F

Street address _____

City _____

State _____ Zip _____

Phone # _____

Email _____

Emergency contact not traveling:

Phone _____

Name _____

SECOND PASSENGER

Full Name (as it appears on passport)

Passport number _____

Issuing country of passport _____

Passport issue date _____

Expiration date _____

Date of birth: _____ (M/D/Y) M F

Street address _____

City _____

State _____ Zip _____

Phone # _____

Email _____

Emergency contact not traveling:

Phone _____

Name _____

Name of Roommate (if on separate form) _____

My signature below verifies that I understand that I may purchase travel protection insurance from Imagine Adventures or from another source.

I also have read and understand Imagine Adventures' terms and conditions:
<http://www.imagine-adventures.com/terms.shtml>

Signature required (first passenger)

Signature required (second passenger)

Signature required (parent or guardian)

Imagine ADVENTURES
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