

Deluxe Tour of Egypt
September 16-25, 2010
\$4295 Double Occupancy

NAME _____

ADDRESS _____

EMAIL _____

CITY _____

STATE _____

ZIP _____

BIRTHDATE _____

AGE _____

FEMALE _____

MALE _____

TELEPHONE (H) _____

(W) _____

(C) _____

EMERGENCY

CONTACT _____

TELEPHONE _____

ROOM MATE _____

SINGLE ROOM _____

SMOKER _____

SPECIAL SERVICES: _____

SINGLE ROOM SUPPLEMENT: **\$841**

DEPOSIT: \$750 Monthly payments \$354.50 Final payment Due 7/15/10

Registration Deadline: September 15th 2009

COST IS INCLUSIVE OF: AIR, TRANSFERS, HOTEL, EXCURSIONS and Most meals

MASTER/VISA _____

AMX _____

DISCOVER _____

CHECK # _____

TRAVEL INSURANCE YES ___ NO ___ *Travel Insured brochure and application will be forwarded upon requests*

Mail To:

TRAVEL EAZE

5743 Barfield Place

Memphis, TN 38120

901 685 3260

901 219 4610

POLICY: I understand and accept the responsibilities of making timely payments. There are no refunds; cancellation insurance is strongly suggested.

SIGNATURE: _____

Date: _____