

# TOUR REGISTRATION

Coda International Tours, Inc. • 12794 Forest Hill Blvd., Suite 1A • West Palm Beach, FL 33414  
Toll-free (888) 677-2632 • Fax (561) 791-9880 • E-mail info@coda-tours.com

Please print all information and mail with your deposit check or fax with your credit card information to Coda International Tours, Inc. **Be sure to sign and date the application.**

Name of Tour

Departure Date

Name of 1st Participant as it appears in the passport.  
Indicate in parentheses the name by which you are known if different.  
Mr/Ms/Dr

Name of 2nd Participant as it appears in the passport.  
Indicate in parentheses the name by which you are known if different.  
Mr/Ms/Dr

Street Address

Apt #

City/State/Zip

Phone (day)

(evening)

Cell Phone

Fax

E-mail address # 1

E-mail address # 2

**Payment of Tour Cost:** Please deposit, per person, the amount requested in the Booking Information or brochure. Our standard requirement per person is \$750 per person.

Total number of travelers: \_\_\_\_\_

Total deposit amount due: \$ \_\_\_\_\_

Enclosed is a personal check.

If you wish for us to charge your deposit, complete the following information. Final payment is payable by personal check only.

**Final payment by credit card is assessed a processing fee.**

Visa       Mastercard       Amex

Account # \_\_\_\_\_

Expiration Date

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3 or 4 Digit SID No.

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Signature of Card Holder:

**X** \_\_\_\_\_

Is the address above your billing address for this credit card?

Yes       No (Please provide billing address below.)

No. & Street

City / State / Zip

**Accommodations:** Please indicate your cabin category choice if applicable. Also, indicate if you prefer double or twin beds in hotels. This will be accommodated where possible.

1st Choice

2nd Choice

**Singles:**

I request single accommodations.

A single supplement will apply. Please refer to the brochure for details.

I am traveling as a single and would like Coda International Tours to find me a share if possible. Not guaranteed.

Smoker.

**Air Transportation:**

We (I) would like Coda to quote us (me) international airfare from (city): \_\_\_\_\_

Economy       Business       First

We (I) will make our (my) own air arrangements and will send Coda flight details 60 days prior to departure of the tour.

**Optional extensions/tours (if available):**

We (I) would like to book the following optional extension(s):

(1) \_\_\_\_\_

(2) \_\_\_\_\_

**Signatures:** Each participant is required to sign and acknowledge that he/she has read, understood and agrees to the Booking Information conditions.

**X** 1st Participant

Date: \_\_\_\_\_

**X** 2nd Participant

Date: \_\_\_\_\_

**Passport Information:** Please provide your passport information for international programs.

**1st Participant**

No. \_\_\_\_\_

Issued on

Expires on

Date of birth

Place of Birth (State or Country if not US)

**2nd Participant**

No. \_\_\_\_\_

Issued on

Expires on

Date of birth

Place of Birth (State or Country if not US)