

# MAPI BEST OF EGYPT

## BOOKING FORM:

Dec 20, 2008 - Jan 4, 2009

Name(s):

1. \_\_\_\_\_ M / F  Vegetarian  Child (Age: \_\_\_\_\_)

Passport #: \_\_\_\_\_ Date of Issue: \_\_\_\_\_ Birth Date: \_\_\_\_\_

2. \_\_\_\_\_ M / F  Vegetarian  Child (Age: \_\_\_\_\_)

Passport #: \_\_\_\_\_ Date of Issue: \_\_\_\_\_ Birth Date: \_\_\_\_\_

3. \_\_\_\_\_ M / F  Vegetarian  Child (Age: \_\_\_\_\_)

Passport #: \_\_\_\_\_ Date of Issue: \_\_\_\_\_ Birth Date: \_\_\_\_\_

4. \_\_\_\_\_ M / F  Vegetarian  Child (Age: \_\_\_\_\_)

Passport #: \_\_\_\_\_ Date of Issue: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Day \_\_\_\_\_ Night \_\_\_\_\_ E-mail: \_\_\_\_\_

Preferred Departure City: \_\_\_\_\_

I accept/decline Travel Insurance (refer to Terms & Conditions):  Accept  Decline

I wish to join the Extension (please add \$250 to deposit):  Accept  Decline

Tour Deposit Amount (\$1,000/person), plus insurance if accepted: \$ \_\_\_\_\_

Card #: \_\_\_\_\_ Security Code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

(Please Forward A Copy Of Your Driver's License And Credit Card)

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I have read the Terms & Conditions which apply and agree to abide by the same.

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

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Please mail or fax booking form to:

SITA World Tours • 16250 Ventura Blvd, Suite 300, Encino, CA 91436 • Fax: 818.990.9762

**1-877-334-MAPI**

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