

MAPI BEST OF EGYPT

BOOKING FORM:

October 18 - November 2, 2008

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: _____

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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