

Tour: Cuba Cruise

Departure Date: February 14-23, 2018

Group Name: Carson City Chamber of Commerce

Deposit Amount: \$400.00/person

Group Number: 1173396

Travel Protection Plan: \$429.00 per person

For reservations contact:

Total Amount enclosed: \$ _____

Carson City Chamber of Commerce

Final Payment due by: November 1, 2017

775-882-1565

director@carsoncitychamber.com

Payment Information

Make checks payable to: Mayflower Tours

() Single () Twin () Guaranteed Share*
*Only on Inside Cabins

Please mail deposit and final payment to:

Cabin Categories:

Carson City Chamber of Commerce
1900 S Carson St
Carson City, NV 89701

___ Inside Cabin
___ Outside Cabin
___ Suite w/ Balcony

CC#

Exp.

Address:

We will make every effort to accommodate your cabin category preference at the time of booking. It is suggested that you show your first and second choice of cabin categories. If requested cabin category is not available, the next available category will be offered and the supplemental amount will be added or deducted. Limited space on each cabin category all cabins are on a first

IMPORTANT: Please Print Your Name *EXACTLY* As it appears on Your Government Issued Travel Documentation (passport)

Salutation: _____ First: _____ Middle: _____ Last: _____ Suffix: _____ Nickname: _____
(Mr., Mrs., Rev) (Please print EXACTLY as it appears on Passport) (Jr., Sr.)

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: () _____ Mobile: () _____ Email Address: _____

Date of Birth: ___ / ___ / ___ City, State, Country of Birth: _____

Gender: o Male o Female

Passport Number: _____ Expiration Date: _____ Date of Issuance: _____

City, State, Country of Issuance: _____ Citizenship: _____

Emergency Contact: _____ Phone: () _____ Relationship: _____

Salutation: _____ First: _____ Middle: _____ Last: _____ Suffix: _____ Nickname: _____
(Mr., Mrs., Rev) (Please print EXACTLY as it appears on Passport) (Jr., Sr.)

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: () _____ Mobile: () _____ Email Address: _____

Date of Birth: ___ / ___ / ___ City, State, Country of Birth: _____

Gender: o Male o Female Date of Birth: ___ / ___ / ___

Passport Number: _____ Expiration Date: _____ Date of Issuance: _____

City, State, Country of Issuance: _____ Citizenship: _____

Emergency Contact: _____ Phone: () _____ Relationship: _____

Tour Information

Booking Van