



Booking & Registration Form

Ayurveda and India: A Journey of Discovery

With Christine Cronin

This is page 1 of a 2-page Registration Form. Please complete both pages

YES! Register me for the following: (One form per registrant, please)

Tour Information	By/on 14 Aug '10		15 Aug '10 to 15 Jan '11		After 16 Jan '11	
Main Tour, \$	1,950	\$ _____	2,050	\$ _____	2,250	\$ _____
Single Supp, \$	350	\$ _____	350	\$ _____	350	\$ _____

Total Payable: \$ _____

A non-refundable deposit of \$ 500.00, is payable immediately. Remaining amount is payable by due date to honor reduced price, otherwise price payable on date of receipt of funds will be applicable. One form per person. Please copy this form as necessary. **You are strongly advised to make your International flight booking as soon as possible, as cheaper tickets get sold out soonest.** Contact your travel agent or our travel partner, Apollo Travel at +1- 617-876-4471 or e-mail: apollotravel1@hotmail.com.

TRAVEL INSURANCE: Cancellation Insurance is strongly recommended as no exceptions to the cancellation provisions can be made. I will purchase travel insurance through your agency. I will not purchase travel insurance and understand that any financial loss or emergency medical expense will be assumed by me. I have read the terms and conditions and fully understand the cancellation penalties.

CANCELLATIONS: The following cancellation charges, as a percentage of total price apply (EXCLUDING the airfare segment for which the airline cancellation applies), subject to a minimum cancellation amount of \$ 500.00:

60+ days before departure \$ 500	08-20 days before departure 75 %
21-59 days before departure 50 %	0-7 days before departure/No Shows 100 %

FLIGHT DETAILS: My flight arrival and departure details are: *(This information can be supplied later)*

ARRIVAL: City _____ Airline _____ Flight # _____ Time _____ Date: _____

DEPARTURE: City _____ Airline _____ Flight # _____ Time _____ Date: _____

First name: _____ Last name: _____ Occupation: _____
(As in passport. Please print)

Address: _____

Town: _____ State: _____ Zip: _____ Country: _____

Day Ph: _____ Eve Ph: _____ E-mail: _____
(Please print CLEARLY)

Date of Birth: _____ Citizenship: _____ I **do/not** smoke. Sex: M/F. Passport no: _____

If sharing a room, I want to share with: _____ Signature: _____

This is page 2 of a 2-page Registration Form. Please complete both pages

Check or Money Order Payments

Enclosed is my Check or Money Order for \$ _____,
Made payable to **Spiritual Journeys, Inc.**
Mail to 262 Upland Road, Cambridge, MA 02140. USA.

Bank Transfers

Please contact us and we will provide you our bank information.

Credit Card Payments

Please furnish your credit card information (if your billing address is different than your address given above, please provide that also, and sign):

Please debit my **Visa / Mastercard / American Express** credit card (circle one) for the sum of US \$

_____. My credit card number is: _____.

Expiry (month & year) is: _____. Three digit security code on back (Visa and MC) or

four digit security code in front (AX) is: _____. My name as on card: _____.

The billing address is same as above or:

Address: _____.

Town: _____ State: _____ Zip: _____ Country: _____.

Signed: _____ Date: _____.