

RESERVATION APPLICATION

Please return to:

InterTrav Corporation
203 State Avenue
St. Charles, IL 60174

Telephone: 630/377-5840

Please reserve _____ places for me/us on the *Greece & Greek Isles Cruise* vacation. Enclosed is my/our check in the amount of \$ _____, plus \$ _____ to purchase the **optional** Travel Protection.

- I/we desire an Outside Stateroom @ \$5,120 per person.
- I/we desire a Junior Balcony Suite @ \$5,380 per person.
- Yes, I/we would like to purchase the optional Group Deluxe Travel Protection @ \$424 per person.
- Yes, I/we would like to purchase the optional Group Deluxe with CFAR (Cancel For Any Reason) Travel Protection @ \$636 per person.

Please make checks payable to: **INTERTRAV CORPORATION**

Payments can be made by credit card; however, a 4% surcharge applies on all transactions.

Card Number: _____ Expiration Date: _____

Security Code: _____ Amount to Be Charged: _____

Signature: _____

Mr. Mrs. Ms. _____
(PRINT FULL NAME - IDENTICAL TO PASSPORT)

Mr. Mrs. Ms. _____
(PRINT FULL NAME - IDENTICAL TO PASSPORT)

Address _____

City _____ State _____ Zip Code _____

Telephone (_____) _____ (_____) _____
Area Code Home Area Code Cell

E-mail: _____

I will room with (if other than spouse) _____

Name(s) of other passengers you are traveling with _____

PLEASE INCLUDE A COPY OF THE PHOTO PAGE OF YOUR PASSPORT WITH YOUR RESERVATION.