

INTERTRAV CORP ~ GENERAL RESERVATION FORM

BY COMPLETING THIS FORM I ACKNOWLEDGE I HAVE READ AND AM AWARE OF ALL TERMS AND CONDITIONS PERTAINING TO THE TOUR FOR WHICH I AM MAKING A RESERVATION

TOUR NAME: _____

Please reserve _____ places for me/us

Number of travelers _____ x per person deposit \$ _____ = TOTAL _____

Pay by credit card:

Card Number:	Expiration Date:
Billing Address:	Amount to charge:
Signature:	

Pay by check:

Please make checks payable to:

INTERTRAV CORPORATION

Payments by credit card will incur a 4% service fee

Mr. Mrs. Ms.

Mr. Mrs. Ms.

PLEASE PRINT NAME IDENTICAL TO PASSPORT

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DATE OF BIRTH _____

DATE OF BIRTH _____

Address _____

Home Phone (Area Code) _____

City _____

State _____

Zip Code _____

Cell Phone (Area Code) _____

Email Address _____

I will room with (if other than spouse): _____

Name(s) of other people with whom you are traveling: _____

Wheelchair at airport and/or special dietary needs: _____

I do not have a roommate but will share. If a roommate cannot be found, I will pay the single supplement.

I desire single accommodation (subject to availability) at the supplementary charge.

PLEASE MAIL TO:
InterTrav Corp
203 State Avenue
St. Charles, IL 60174
travel@intertravcorp.com

InterTrav 
Custom Group Travel
203 State Avenue - St. Charles, IL 60174
630/377-5840 ~ grouptripsandtravel.com

PLEASE ENCLOSE A COPY OF THE INFORMATION PAGE OF YOUR PASSPORT