Tour: Iceland - Land of Fire & Ice

Departure Date: 11.01.2023

Group Name: Travelworld - TBCS

Group Number: 1222785

Mayflower CRUISES & TOURS

For Reservations Contact: Travelworld
Edith Salter
(813) 289-8344
Edith@travelworld1.com

IMPORTANT: Please print your name EXACTLY as it appears on your passport. We require a copy of your passport within two (2) weeks of making your reservation. Name corrections, after final payment due date or after tickets have been issued, will result in additional fees being assessed.

YOUR INFORMATION

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

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

Phone: _____ Cell: _____ Email Address: _____

Passport Number: _____ Date of Issue: _____ Date of Expiration: _____

Issue City, State, Country: _____ Global Entry/TSA #: _____ Citizenship: _____

Date of Birth: _____ Place of Birth: _____ Gender: ☐ Male ☐ Female

Emergency Contact: _____ Relationship: _____ Phone: _____
Please provide contact information of person not traveling with you.

ROOMING WITH

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

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

Phone: _____ Cell: _____ Email Address: _____

Passport Number: _____ Date of Issue: _____ Date of Expiration: _____

Issue City, State, Country: _____ Global Entry/TSA #: _____ Citizenship: _____

Date of Birth: _____ Place of Birth: _____ Gender: ☐ Male ☐ Female

Emergency Contact: _____ Relationship: _____ Phone: _____
Please provide contact information of person not traveling with you.

Please advise your departure airport for this tour: Orlando (MCO) ☑ Mayflower Air ☐ Writing Own Air

PAYMENT INFORMATION

Make Checks Payable To: Travelworld

Mail Deposit To: Travelworld
16051 W Tampa Palms Blvd
Tampa, FL 33647

Mail Final Payment To: SAME AS ABOVE

MC, VISA & DISC accepted

Credit Card #: _____

Security Code: _____ Exp. Date: _____

Cardholder Name & Billing Address:

_____

_____

_____

☐ Single ☐ Twin ☐ Guaranteed Share

☐ One Bed ☐ Two Beds

Purchasing Travelers Protection Plan:
☐ Yes ☐ No

Deposit Amount: $250.00 per person

Travel Protection Plan: $299.00pp

Total Amount Enclosed: $_____

Final Payment Due By: August 1, 2023