

TOTAL SOLAR ECLIPSE OVER CHINA

eclipse tours

BOOKING FORM:
TOTAL SOLAR ECLIPSE
July 26 - August 5, 2008

Name(s): 1. _____ M F
2. _____ M F
3. _____ M F
4. _____ M F

Address: _____

City: _____ State: _____ Zip: _____

Telephone: Day _____ Night _____ E-mail: _____

Passport #: _____ Place of issue: _____

Date of Birth: _____ Date of Issue: _____ Exp. Date: _____

Preferred Departure City: _____

I accept/decline Travel Insurance (refer to Terms & Conditions): Accept Decline
Basic Tour Pre-tour Post Tour Extra Night

Tour Deposit Amount (plus insurance if accepted): \$ _____

Form of Payment: Check Enclosed Credit Card
 Visa Mastercard American Express Discover

Card #: _____ Exp. Date: _____

(Please Forward A Copy Of Your Driver's License And Credit Card)

Billing Address: _____

City: _____ State: _____ Zip: _____

I have read the Terms & Conditions which apply and agree to abide by the same. If form of payment is by credit card, this signature authorizes SITA World Tours (credit card processing merchant) to charge the deposit amount shown to my credit card.

Signature: _____ Date: _____

For reservations & information, contact your travel agent or:

SITA World Tours

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