TRAVELER INFORMATION AND
IMAGE TOURS TERMS & CONDITIONS ACCEPTANCE

(Complete a separate copy of this form for each traveler. A duplicate form is on the reverse side.)

By providing Image Tours the Traveler Information and your signature (electronic or on paper) you are acknowledging that you have had access to, read, understand, and accept the tour details as well as the current Image Tours Terms & Conditions. To view the Terms & Conditions, including the *FAQ, Physical Condition Guidelines*, *Tour Contract* and *Privacy Policy* visit www.ImageTours.com/Terms. To provide your Traveler Information and signature electronically, contact your Travel Agent.

NAME OF TOUR: _____ ☐ TOUR & AIR ☐ TOUR ONLY

TOUR DEPARTURE DATE: _____ DEPARTURE CITY: _____

EARLY DEPARTURE/LATER RETURN/EXTENSION REQUESTS (please indicate extension hotel requests, if applicable):
_____

PASSPORT NAME:_____ / _____ / _____
(Exactly as appears on passport)   (First Name)   (Middle Name)   (Last Name)

ADDRESS: _____ / _____ / _____ / _____
            (No. & Street)   (City)   (State)   (Zip Code)

PH:_____ / _____ EMAIL ADDRESS: _____
  Primary (Circle: Home / Cell / Office)   Alternate (Circle: Home / Cell / Office)   (Required)

GENDER: ☐ M / ☐ F / ☐ X   BIRTH DATE: _____ PLACE OF BIRTH:_____
                         (Month/Day/Year)   (State and/or Country)

CITIZENSHIP (Country):_____ PASSPORT #:_____ EXP. DATE: _____
(Passport must be valid for at least 6 months after your return date. You may leave passport information blank and provide once received.)

EMERGENCY CONTACT:_____ RELATION:_____ PH:_____ / _____
(Not traveling with you)

ROOMMATE'S NAME: _____ ROOM TYPE: ☐ 1 DOUBLE BED / ☐ 2 TWIN BEDS / ☐ TRIPLE

☐ SINGLE ROOM - If this box is checked, additional paperwork is required. See 'Are Single Rooms offered?' on page 63.

NAME OF TRAVELING COMPANION(S) (other than roommate): _____

DIET REQUESTS (Not guaranteed) - See page 64 for options: _____

Travel Protection Plan (Please check one of the options within this box. The Plan only covers U.S. citizens or residents.)
Review the "Description of Coverage" at www.ImageTours.com/TravelProtectionPlan
☐ I wish to purchase the Image Tours Travel Protection Plan and have included the payment with my deposit.
☐ I wish to decline the Travel Protection Plan offered through Image Tours.

Please select one of the following to pay only the non-refundable deposit and optional Travel Protection Plan:
Important: For full or final payments, request a Final Invoice for authorization.

☐ ACH (electronic check): I authorize Image Tours to debit $_____ from my Checking Account #:_____
  Routing #: _____ Bank Name/Address: _____
  Name on Account: _____ Date:_____ **Authorized Signature:** _____

☐ Please charge $_____ to my Discover®/Visa®/MasterCard® Account #: _____
  Exp. Date: _____ CVC#: _____ Billing Address if different than above: _____
  Card Holder Name: _____ Date:_____ **Card Holder Signature:** _____

☐ My payment is authorized with my travel companion's application.

SIGNATURE OF PERSON TRAVELING: _____ DATE: _____
  (Please sign full name as it appears / will appear in your passport. If traveler is under 18, legal guardian must also sign.)

I FIRST FOUND OUT ABOUT THE TOUR FROM: _____
  (Name of Newspaper, Magazine, Website, Internet Search, Facebook, Mailer or please specify other source)

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TRAVEL AGENT:

PLEASE COMPLETE THE INFORMATION BELOW AND IN THE BOX!

Res ID:_____ IATAN #:_____

Agent's Full Name:_____

Agency Name:_____

Ph:_____ Email:_____

Travel Agency Name & Address