Diagram

Description automatically generated

## 

## **Booking Form**

## Passport Details (attach copy of passport photo page with booking form)

|  |  |  |
| --- | --- | --- |
| Legal Name on Passport: | | |
| Other Names: | Title: |  |
| Date of Birth: | | |
| Passport No: | Nationality: |  |
| Passport Date of Issue: | Expiry Date: |  |

Other Details

|  |  |  |
| --- | --- | --- |
| Address: Post Code: | |  |
| City: State: | Country: |  |
| Daytime Tel No: Evening Tel No: | |  |
| Mobile: Email: | |  |
| Next of Kin (in case of emergency) Name: | | |
| Relationship: | | |
| Address:  Arlington, | | |
| Mobile Tel: | | |

World Exposures – Italy Dream Trip

Custom Italy Dream Trip Oct 3- 14, 2022 $ 7,976 per person/double

$ 1,365 single supplement

Mobility/health concerns/special needs\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies/dietary restrictions\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Payment: $

Card Details:

**Master Card Visa American Express**

**Card number: Exp Date: CVV Number: Card Holder’s Name: I Authorize this amount: USD Signature:**

**Declaration**

## I declare that I am over 18 years of age, have read/understood and I will abide by the Booking Conditions laid down by Alexander & Roberts and World Exposures.



Date received ……………….

Booking ID: ……………

Signature: ……………………………….

Date: …………………………

Susan Sheats

World Exposures

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