

HERITAGE TOUR 2009 – BOOKING FORM

All reservation forms must be accompanied by your deposit of CAD\$ /USD\$400 per person to secure your place. Please include a photocopy of your passport details and fax to us at: 1-905-668-9580 or mail to us at:
Advantage Ultra Travel, 10 Sunray Street, Unit 204, Whitby, ON. L1N 9B5 Canada.

Traveller 1:	
Address:	
City:	Prov/State
Zip/P.Code	
Home Tel:	Bus. Tel:
Birthplace:	Birthdate:
Gender:	Marital Status:
Passport Number:	
Passport Expiration Date:	
Special Dietary Requests:	
Medical Insurance Provider:	
Emergency Contact:	

Traveller 2:	
Address:	
City:	Prov/State
Zip/P.Code	
Home Tel:	Bus. Tel:
Birthplace:	Birthdate:
Gender:	Marital Status:
Passport Number:	
Passport Expiration Date:	
Special Dietary Requests:	
Medical Insurance Provider:	
Emergency Contact:	

TRAVEL ARRANGEMENTS:

- | | |
|--|---|
| <input type="checkbox"/> Finnish Heritage Tour July 2009 | <input type="checkbox"/> Pre/Post-tour hotel |
| <input type="checkbox"/> Baltic Heritage Tour September 2009 | <input type="checkbox"/> Additional travel arrangements |
| <input type="checkbox"/> Airfare | |

WHAT TYPE OF ACCOMMODATIONS WOULD YOU LIKE?

- | | |
|--|---|
| <input type="checkbox"/> Single – occupying room on your own | <input type="checkbox"/> Triple occupancy – 3 people in one room |
| <input type="checkbox"/> Single – please help me find a roommate | <input type="checkbox"/> Triple occupancy – with child (children) |
| <input type="checkbox"/> Double occupancy – 2 people in one room | <input type="checkbox"/> Smoking room – if available |

WOULD YOU LIKE TO PURCHASE INSURANCE THROUGH ADVANTAGE ULTRA TRAVEL?

- I would like to get more details about trip interruption/cancellation/medical insurance
 I decline any insurance coverage through Advantage Ultra Travel

HOW WOULD YOU LIKE TO PAY?

- Cheque...make cheque payable to: Advantage Ultra Travel
 Visa
 MasterCard
 American Express

Card Number: _____ Expiry Date: _____ Total Paid: _____

- If paying by credit card, I authorize Advantage Ultra Travel to charge the balance owing 60 days prior to departure

Signature: _____

ADDITIONAL INFORMATION:
