



**MIR Corporation: Tour Reservation Form**  
**85 South Washington Street, Suite 210, Seattle, WA 98104**  
**Tel: 855-691-7903 • 206-696-7054 • Fax: 206-624-7360**  
**Email: [annet@mircorp.com](mailto:annet@mircorp.com) • [www.mircorp.com](http://www.mircorp.com)**

*Read and complete this form carefully, sign on the reverse side and return to MIR Corporation by fax to 206-624-7360 or email to [annet@mircorp.com](mailto:annet@mircorp.com). Include a color copy or color scan of the issuing pages of your passport (the pages with the photograph and personal details).*

Trip Name Women's Travel Group: Western Russia Trip Dates July 13-24, 2017

Full Name (as listed on passport) \_\_\_\_\_ Gender \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Tel: \_\_\_\_\_ Cell: \_\_\_\_\_

Email \_\_\_\_\_

Passport No. \_\_\_\_\_ Exp Date \_\_\_\_\_ Issue Date \_\_\_\_\_ Place of Issue \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Dietary Restrictions/Allergies \_\_\_\_\_

Please provide an assessment of your physical condition and limitations (list medical conditions and medications taken) \_\_\_\_\_  
\_\_\_\_\_

**Accommodations**

I am traveling together with \_\_\_\_\_

I am a smoker       I am a non-smoker      *\*Smoking on the bus and during the tours is not allowed.*

I am traveling alone. Please assign a roommate of the same gender if available.

*\*Note that the single supplement will apply until a share is found. If a share does not work out during the trip MIR will arrange for single rooms on the spot (space permitting) and the single supplement will be applied.*

I am traveling alone and prefer a single room wherever available at the single supplement rate.

**Reservations and Deposits**

A \$500 per person (\$350 non-refundable until April 13, 2017) deposit is required to secure a place on the trip. The deposit can be made by credit card, check or wire transfer. Final payment is due by **April 14, 2017**, 90 days before departure and is non refundable. Final payments are accepted by check or wire transfer only. Final payment by credit card is accepted with a 3% fee of the final invoice balance added. Additional payment for air tickets may be required at an earlier date according to airline booking conditions. Please make checks payable to MIR Corporation.

I/we enclose a deposit in the amount of \$500 per person. The deposit is \$150 refundable until April 13, 2017 when it becomes entirely non refundable:

**\$500 per person deposit x \_\_\_\_\_ (# of travelers) = \_\_\_\_\_ (total enclosed)**

in the form of:  Check       Visa       MC       Amex

Name on credit card \_\_\_\_\_

Card number \_\_\_\_\_

Expiration date \_\_\_\_\_ CVC \_\_\_\_\_

Card billing address (*if different than above*) \_\_\_\_\_

I authorize MIR Corporation to charge the total enclosed amount - signature:

**Cancellations**

If you cancel your trip please notify MIR in writing. Upon MIR’s receipt of notice the following charges apply to land tours (except air tickets and visa fees): Cost of cancellation, if received:

- 121-90 days or more before departure, \$350 per person;
- 91 days before departure deposit becomes 100% non refundable
- 90 days in advance final, non-refundable payment is due

Visa fees are fully non-refundable once processing has been initiated.

Airline tickets are subject to the cancellation policies of the air carriers.

**Women's Travel Group: Western Russia  
July 13-24, 2017**

**FLIGHT REQUEST FORM**

**Program rates do not include airfare into Moscow and out of St. Petersburg. There are a number of flight options available; we are happy to make airline reservations on an individual basis. Upon receipt of this form, we will provide you with a suggested itinerary and fare.**

Traveler 1 Passport Name : \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Traveler 1 Passport Name : \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Suggested Itinerary from/to New York (JFK)**

*Wednesday, July 12*

Aeroflot Flight 103 departing New York (JFK) at 7.10pm

*Thursday, July 13*

Arrive to Moscow (SVO) at 11.15am

*Monday, July 24*

Aeroflot Flight 11 departing St. Petersburg at 10.40am, arriving to Moscow (SVO) at 11.55am

Aeroflot Flight 102 departing Moscow (SVO) at 2.25pm, arriving to New York (JFK) at 5.20pm

**Fare Estimate Economy:** \$930 per person including taxes as of 11/2/2016  
**Fare Estimate Business:** \$2,318 per person including taxes as of 11/2/2016

*\*Rates listed are the lowest currently available fares; airfare pricing and schedule availability are subject to change until the time of payment and ticketing.*

- Please reserve my/our flights to Moscow/from St. Petersburg based on this itinerary
- Please send me/us a flight itinerary to Moscow/from St. Petersburg and the following city: \_\_\_\_\_
- I/We have made or plan to make our own international flight arrangements. We will forward MIR a copy of our flight confirmations upon booking.
- I/We prefer:  Economy Class  Business Class

Please indicate your seat assignment preference; seat assignments are not verified until the time of check in, but we can indicate seat requests at the time of booking.

Single Travelers:  Aisle  Middle  Window

Doubles:  Window & adjacent seat  Aisle & adjacent seat  Aisle & window seat  Aisles across

Special meal request: \_\_\_\_\_

Other requests, such as early arrival, late departure, extra services request: \_\_\_\_\_

---

**\*Fares and flight schedules are subject to change.  
Airline penalties apply to changes and cancellations once tickets are issued.**

Complete and return this form to: Anne Thorsteinson

Email: [annet@mircorp.com](mailto:annet@mircorp.com) • Fax: 206 624 7360

MIR Corporation, 85 South Washington Street, Suite 210, Seattle, WA 98104

## RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

*Please read carefully: This is a legally enforceable waiver of rights*

**BOOKING CONDITIONS:** I have carefully read this "Release of Liability and Assumption of Risk Agreement," ("Release"); and I agree to both follow the safety directions of the tour manager, and exercise reasonable care in all tour (including any extensions obtained through MIR and ECPS Consulting Corp.) activities. I understand MIR Corporation ("MIR") and ECPS Consulting Corp. ("ECPS") reserve the right to decline to accept or to require a traveler to withdraw from a tour, at his/her own expense, if such person is deemed to be 1) incapable of meeting the requirements and rigors of tour activities; or, 2) if such traveler's actions impede tour operations or the rights, welfare or enjoyment of other group tour members.

I also understand that MIR and ECPS use independent service providers and suppliers that will serve and supply me during the tour, including transportation, accommodations, restaurants, and other travel-related services. Because MIR and ECPS do not control these independent service providers and suppliers MIR and ECPS are not responsible for any delay, inconvenience, accident, expense, injury, loss, death or damage occasioned through the conduct or default of such service provider or supplier. I also acknowledge that during a MIR/ECPS tour, my image, likeness and personality may be captured on photograph, video and on other media (the "Personal Images"), and that MIR/ECPS may wish to use these Personal Images for promotional and other business purposes. I consent to the taking of Personal Images of me while participating in a MIR/ECPS tour, and I grant MIR/ECPS the absolute right to copyright, re-use, publish and republish by any medium, including electronically, any Personal Images of me or in which I may be included.

**ASSUMPTION OF ALL RISKS:** I voluntarily apply to participate in a tour under the arrangements of MIR/ECPS with knowledge of the inherent hazards and risks involved in travel, including, but not limited to (all collectively referred to in this Release as "Risks"): motor vehicles, aircraft, trains, boats and all other conveyance; roads, trails and accommodations which are not maintained or operated to standards common in the United States; traveling in remote areas; the forces of nature; civil disturbance; terrorism and government restrictions, which I agree to monitor; high altitude conditions; accident or illness in remote locations without access to rapid rescue or medical facilities; the adequacy of medical attention once provided. I have considered my own condition and limitations, this tour, its remote locations, potential Risks, and physical demands, and: I have concluded that I am physically and emotionally fit and able to participate in this tour; and I agree to be responsible for my own welfare, and the welfare of my minor dependents traveling with me, and accept any and all Risks.

**ARBITRATION:** Any claim or controversy arising out of or relating to this tour, whether or not specifically addressed in this Release, shall be exclusively and fully settled by binding single arbitrator arbitration in Seattle, Washington, in accordance with the rules of an American Arbitration Association (or such other similar entity as the parties select) which are in existence at the time of the dispute. The Superior Court of Washington for King County in Seattle shall have exclusive venue and jurisdiction over all parties in enforcing the terms and requirements of this Release, including the enforcement of any arbitration award. The rights and obligations of the parties shall be fully construed under Washington State law.

**RELEASE:** I acknowledge having received full disclosure and the opportunity to have this Release reviewed by an attorney. Subject to such acknowledgement, and by voluntarily signing and delivering this Release, I (including, but not limited to, my heirs, successors, assigns, beneficiaries, agents and legal representatives) **FOREVER RELEASE AND DISCHARGE MIR AND ECPS, ITS OWNERS, OFFICERS, DIRECTORS, AGENTS, CONTRACTORS, AND EMPLOYEES FROM AND AGAINST any and all liability (including, as permitted by law, claims which allege MIR or ECPS's negligent acts or omissions) which may arise from my participating in any MIR/ECPS tours, including, but not limited to, any claim for property loss, damage, injury or death that I might suffer. This RELEASE shall be legally interpreted to the fullest extent permissible; and, should any portion be held invalid, it is agreed that all other parts shall continue in full legal force and effect. I also acknowledge that I shall have no right to sue MIR or ECPS, other than to enforce the arbitration clause, which shall control all legal claims. I HAVE CAREFULLY READ AND FULLY UNDERSTAND AND AGREE TO THE CONTENTS AND LEGAL TERMS OF THIS RELEASE. I UNDERSTAND THAT IT IS A LEGALLY BINDING CONTRACT AND SIGN IT OF MY OWN FREE WILL.**

\_\_\_\_\_  
Signature of Traveler

\_\_\_\_\_  
Date

Both parents or guardians must sign for children under 18 years of age.