

The Women's Travel Group

Ancient Egypt 2020

Alexandria Extension

Name as listed on Passport:

Reservation Form | Dec. 6-15, 2020 (Main tour)

First Middle Last

Passport number: _____ Date of Issue: _____ Date of Expiry: _____

Date of Birth: _____ Hometown: _____

Preferred Departure City: _____ I would prefer a single Requesting a share

Address: _____ City: _____

State: _____ Zip: _____

Telephone: Day _____ Night _____ E-mail: _____

In case of emergency please notify:

Name: _____ Relationship: _____

Tel: () _____ - _____ Business: () _____ - _____ Email: _____

DIETARY or OTHER SPECIAL NEEDS: _____

I accept/decline Travel Insurance (refer to Terms & Conditions): Accept Decline

MAIN TOUR Single Requesting a share

OPTIONAL ALEXANRIA EXTENSION No Yes Single Requesting a share

Please use the following link to authorize and pay the deposit. Use Reservation # 10298
Reservation Agent: Maryb

<http://sitatours.net/ccpayment/>
Deposit amount \$500

I have read the Terms & Conditions which apply and agree to abide by the same.

Signature: _____ Date: _____



For reservations & information, contact:
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