

The Women's Travel Group Ancient Egypt 2020 - Alexandria Extension

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

PLEASE EMAIL OR FAX COPIES OF THE FIRST 2 PAGES OF YOUR PASSPORT

Name as listed on Passport:

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: (Y) _____ - _____ Business: () _____ - _____ Email: _____

DIETARY or OTHER SPECIAL NEEDS: _____

To accept/decline Travel Insurance contact Phyllis Stoller phyllisnycity@gmail.com

MAIN TOUR Single Requesting a share

OPTIONAL ALEXANDRIA 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:

SITA World Tours | Mary Barnett

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