# CIE TOURS

# GROUP PASSENGER BOOKING FORM

Group # _____        Agent's Name _____

Group Name _____        Agent's Phone _____

Agency Name _____        Agent's Email _____

## PASSENGER 1:

Full name of passenger (must match passport) _____

Nationality _____        Date of Birth _____ / _____ / _____        Gender: ❑ M ❑ F ❑ Other

I would like to book my flights with CIE Tours: ❑ Yes ❑ No

Type of Room: ❑ 1 BED ❑ 2 BEDS        My roommate and I prefer to have our own separate reservation number: ❑ Yes ❑ No

Street Address _____        ❑ Payment is enclosed for Optional Trip Protection Insurance. $ _____

City/State/Zip _____        ❑ I am enclosing a deposit check for $ _____

Daytime Phone _____        ❑ I am paying via credit card. Please charge $ _____

Evening Phone _____        ❑ Visa ❑ Mastercard ❑ American Express ❑ Discover

Email _____        Name on Card _____

Emergency Contact _____        Card Number _____

Emergency Contact Phone _____        Expiration Date _____ / _____        Security Code _____

Is this a single reservation? ❑ Yes ❑ No        NOTE: If this is a single, leave Passenger 2 section blank.

## PASSENGER 2:        Same address as Passenger 1? ❑ Yes ❑ No        Same credit card information as Passenger 1? ❑ Yes ❑ No

Full name of passenger (must match passport) _____

Nationality _____        Date of Birth _____ / _____ / _____        Gender: ❑ M ❑ F ❑ Other

I would like to book my flights with CIE Tours: ❑ Yes ❑ No

Type of Room: ❑ 1 BED ❑ 2 BEDS        My roommate and I prefer to have our own separate reservation number: ❑ Yes ❑ No

Street Address _____        ❑ Payment is enclosed for Optional Trip Protection Insurance. $ _____

City/State/Zip _____        ❑ I am enclosing a deposit check for $ _____

Daytime Phone _____        ❑ I am paying via credit card. Please charge $ _____

Evening Phone _____        ❑ Visa ❑ Mastercard ❑ American Express ❑ Discover

Email _____        Name on Card _____

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