

# HURON TOURS AND TRAVEL

*Thank you for your reservation.  
Please complete and return  
this form. Make your deposit and  
non-refundable insurance pay-  
ment by credit card or check  
payable to Huron Tours & Travel.*

*Your deposit is refundable until  
90 days prior to departure unless  
otherwise specified. If you cancel  
before final payment a \$25 per  
person fee will be withheld from  
your deposit refund. Your final  
payment is due 60 days prior to  
your trip and is non-refundable.  
A final payment invoice will be  
mailed to you prior to your pay-  
ment due date. Unforeseen cir-  
cumstances and medical emer-  
gencies do occur and travel  
insurance is strongly recommend-  
ed to protect your payments.*

*Send form and Payment to:  
Huron Tours & Travel  
6221 S. Claiborne Ave. Ste 586  
New Orleans, LA 70125*

*If you prefer you may fax Credit  
Card Deposits to: 800.734.1192  
Questions? Don't hesitate  
to contact us: 800.734.1192  
or 504.267.2057*

## R E S E R V A T I O N F O R M

Tour: \_\_\_\_\_ Dates: \_\_\_\_\_ # of Travelers \_\_\_\_\_

Name(s) exactly as appears on passport: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Other Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ My departure city is: \_\_\_\_\_

Rooming With: \_\_\_\_\_ # of HTT tours you have been on? \_\_\_\_\_

I am requesting a single room (no roommate) Yes No

Is there something special that you would like to do during your free time on this tour?

Will you be celebrating any special events during this tour?

### Deposit Information

Deposit amount enclosed (per person x number of travelers) = \$ \_\_\_\_\_

Travel Insurance (see brochure for benefits) Cost (per person x travelers) = \$ \_\_\_\_\_

\_\_\_\_ No, I do not wish to purchase tour cancellation and interruption insurance

If you are purchasing travel insurance, please include your insurance payment with your deposit.

Deposit using Credit Card # \_\_\_\_\_ Exp. \_\_\_\_\_

Credit Card Security Code# \_\_\_\_\_

Signature: \_\_\_\_\_ Or, Check enclosed # \_\_\_\_\_

### ADDITIONAL HELPFUL INFORMATION

Preferred Name for Name Badge:

Any Special Requests (meals, airline seating, etc.):

Bedding Preference, if double occupancy: Two Beds One Bed  
(International tours= two single beds or one double bed; Domestic tours vary depending on hotel)

Frequent Flyer Number and Airline (if applicable)

Date of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Emergency Contact Name and Telephone Number while traveling: