

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
8200 Hampson St., Suite 311
New Orleans, LA 70118-1000*

*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. _____

Signature: _____ **Or, Check enclosed #** _____

A D D I T I O N A L H E L P F U L I N F O R M A T I O N

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:

