

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

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