

**TOUR RESERVATION FORM**

Carefully read the Terms and Conditions listed on our website at [http://www.palacetravel.com/page/terms\\_and\\_conditions](http://www.palacetravel.com/page/terms_and_conditions)

Complete the following form and click the SUBMIT button. Print and send us a copy of the completed and signed form together with your payment including photocopies of the front and back of the credit card and of the cardholder's Government issued identification (if paying with credit card).

Tour documents will not be issued and travelers will not be permitted to participate in a Palace Travel tour if this completed Reservation Form is not received in our office prior to the start of the tour. Cancellation penalties will apply.

TRAVEL INFORMATION	
<b>TOUR NAME:</b>	
<b>TOUR DATES:</b>	
<b>BOOKING NUMBER:</b>	
<b>RESERVATION AGENT:</b>	
<b>ROOM TYPE REQUEST:</b>	
<p><b>PLEASE NOTE:</b> <i>Double occupancy implies room with 2 guests sharing a double, queen or king-size bed, as available at time of check in. We cannot guarantee any specific bed type in advance. Twin occupancy implies a room with 2 twin beds. Single supplement applies when you request <b>not</b> to share a room.</i></p>	
<b>PREFERENCES:</b>	<p>Single supplement for the additional cost quoted.</p> <p>I will share a room with: _____</p> <p>I will share with another participant (Share not guaranteed)</p> <p>Non-Smoking                      Smoking</p>

TRAVELER 1	
<b>NAME:</b>	
<b>ADDRESS:</b>	
<b>CITY:</b>	
<b>STATE:</b>	
<b>COUNTRY:</b>	
<b>ZIP:</b>	
<b>PHONE:</b>	
<b>HOME:</b>	
<b>CELL:</b>	
<b>EMAIL:</b>	
<b>DATE OF BIRTH:</b>	
<b>PASSPORT NO:</b>	
<b>COUNTRY OF ISSUE:</b>	
<b>ISSUE DATE:</b>	
<b>EXPIRATION DATE:</b>	
<b>EMERGENCY CONTACT:</b>	
<b>CONTACT PHONE:</b>	
<b>RELATIONSHIP:</b>	

TRAVELER 2	
<b>NAME:</b>	
<b>ADDRESS:</b>	
<b>CITY:</b>	
<b>STATE:</b>	
<b>COUNTRY:</b>	
<b>ZIP:</b>	
<b>PHONE:</b>	
<b>HOME:</b>	
<b>CELL:</b>	
<b>EMAIL:</b>	
<b>DATE OF BIRTH:</b>	
<b>PASSPORT NO:</b>	
<b>ISSUE DATE:</b>	
<b>EMERGENCY CONTACT:</b>	
<b>CONTACT PHONE:</b>	
<b>RELATIONSHIP:</b>	

Method of Payment:    Check     Credit Card     Wire Transfer  ( Contact us for bank details )

**AMOUNT \$** \_\_\_\_\_

**IF PAYING BY CREDIT CARD PLEASE PROVIDE THE FOLLOWING INFORMATION**

Attach photocopies of the front and back of the credit card and of the card holder's Government issued identification. A 4% handling fee applies to each credit card payment.

CHECK CARDS & DEBIT CARDS NOT ACCEPTED

CREDIT CARD AUTHORIZATION	
<b>CARD HOLDER'S NAME</b>	
<b>BILLING ADDRESS</b>	
<b>CARD TYPE</b>	
<b>CREDIT CARD #</b>	
<b>EXPIRATION DATE</b>	CVV #

<b>AMOUNT DUE</b>	
<b>4% HANDLING FEE</b>	
<b>TOTAL</b>	

I, the undersigned (print name) _____ authorize PALACE TRAVEL, INC to charge my credit card as follows for my and/or my companion's scheduled trip.	
<b>SIGNATURE</b>	

**IF PAYING BY CHECK** Please make check payable to PALACE TRAVEL, INC.:  
 And return this completed form to: 5301 Chestnut Street, Philadelphia, PA. 19139, U.S.A.

**\* FINAL PAYMENT IS DUE AT LEAST 60 DAYS BEFORE THE TOUR STARTS**

**TRAVEL INSURANCE ACCEPTANCE/WAIVER**

Palace Travel, Inc. recommends that travelers purchase Travel Insurance for the added security and coverage it provides. Palace Travel, Inc. cannot be responsible for cancellation, emergency evacuation, accidents, illness, lost luggage, or flight mishaps, and thus highly suggests that you purchase travel insurance.

**Indicate whether you have purchased or have declined Travel Insurance**  
 If you wish to purchase Travel Insurance please visit  
<http://travelinsurance.palacetravel.com>

I \_\_\_\_\_ decline the purchase of travel insurance \_\_\_\_\_  
Traveler's Name Signature

Travel Insurance Includes: <ul style="list-style-type: none"> <li>Trip cancellation/interruptions</li> <li>Trip cost default protection</li> <li>Trip delay</li> <li>Sickness and medical expense</li> <li>Travel accident</li> <li>Baggage and personal effects / Lost luggage</li> <li>Emergency assistance</li> <li>Flight insurance</li> </ul>	If you already have Travel Insurance, please provide your policy name and number below.
	POLICY NAME
	POLICY NUMBER

Complete, sign and mail or fax to Palace Travel, Inc. with first payment. Provide names as they appear on passport at the time of reservation. Palace Travel will NOT be responsible for any consequences due to errors as a result of incorrect names or content provided on this form. Name changes may result in increased costs. Any action or inaction taken by an airline or other carrier is entirely beyond the control of Palace Travel. Name changes on air reservations are subject to penalties imposed by the airline(s).

Final documents will not be issued if the reservation forms are not received by Palace Travel. A signed reservation form is acceptance of the tour program, rate confirmed and constitutes acceptance of the entire Terms and Conditions.

Please be sure that the information you have entered is correct before you click the **SUBMIT** button.

**FAX: 215.471.8898**

Please make check payable to **PALACE TRAVEL, INC.:**  
Return completed forms and payment to:  
Palace Travel, Inc.  
5301 Chestnut Street, Philadelphia, PA. 19139, U.S.A.

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