

Tour: Iceland - Land of Fire & Ice
Group Name: Chester County Chamber of Commerce

Departure Date: October 30, 2024
Group Number: 236619



For Reservations Contact: chestercountychamber@gmail.com
803-581-4142

IMPORTANT: Please print your name EXACTLY as it appears on your passport. We require a copy of your passport within two (2) weeks of making your reservation. Name corrections, after final payment due date or after tickets have been issued, will result in additional fees being assessed.

YOUR INFORMATION

Salutation: _____ First: _____ Middle: _____ Last: _____ Suffix: _____ Nickname: _____
(Mr., Mrs., Rev) (Please print EXACTLY as it appears on Passport) (Jr., Sr.)

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Cell: _____ Email Address: _____

Passport Number: _____ Date of Issue: _____ Date of Expiration: _____

Issue City, State, Country: _____ Global Entry/TSA #: _____ Citizenship: _____

Date of Birth: _____ Place of Birth: _____ Gender: Male Female

Emergency Contact: _____ Relationship: _____ Phone: _____
Please provide contact information of person not traveling with you.

ROOMING WITH

Salutation: _____ First: _____ Middle: _____ Last: _____ Suffix: _____ Nickname: _____
(Mr., Mrs., Rev) (Please print EXACTLY as it appears on Passport) (Jr., Sr.)

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Cell: _____ Email Address: _____

Passport Number: _____ Date of Issue: _____ Date of Expiration: _____

Issue City, State, Country: _____ Global Entry/TSA #: _____ Citizenship: _____

Date of Birth: _____ Place of Birth: _____ Gender: Male Female

Emergency Contact: _____ Relationship: _____ Phone: _____
Please provide contact information of person not traveling with you.

Please advise your departure airport for this tour: Charlotte, NC (CLT) Mayflower Air Writing Own Air

PAYMENT INFORMATION

Make Checks Payable To: Mayflower Cruises & Tours

Mail Deposit To: Mayflower Cruises & Tours, ATTN: Group Sales Department, 650 Warrenville Road, Suite 500, Lisle, IL 60532

Mail Final Payment To: Mayflower Cruises & Tours, ATTN: Group Sales Department, 650 Warrenville Road, Suite 500, Lisle, IL 60532 ****MC, VISA & DISC accepted****

Credit Card #: _____

Security Code: _____ Exp. Date: _____

Cardholder Name & Billing Address: _____

Single Twin Guaranteed Share
 One Bed Two Beds

Purchasing Travelers Protection Plan:
 Yes No

Deposit Amount: \$ 549.00 per person

Travel Protection Plan: \$ Included

Total Amount Enclosed: \$ _____

Final Payment Due By: July 29, 2024