

**It is required to list your name below, as it appears in your passport. Please also provide a copy of Passport Photo page.**

Please fill out and return by email, fax, or mail to your Travel Expert: Elaine      Mette      Jan      Rebeca

<b>TRAVELER 1/Lead:</b> Name (First/Middle/Last):			
Date of birth	Age during travel	Sex: F M	Passport #:
Passport Issued Country:		Passport expiration date:	
Address:			Mailing/billing/both (circle please)
City:		State:	Zip:
Phone:		Mobile:	Fax:
Email:			
<b>TRAVELER 2:</b> Name (First/Middle/Last):			
Date of birth	Age during travel	Sex: F M	Passport #:
Passport Issued Country:		Passport expiration date:	
<b>TRAVELER 3:</b> Name (First/Middle/Last):			
Date of birth	Age during travel	Sex: F M	Passport #:
Passport Issued Country:		Passport expiration date:	
<b>TRAVELER 4:</b> Name (First/Middle/Last):			
Date of birth	Age during travel	Sex: F M	Passport #:
Passport Issued Country:		Passport expiration date:	

<b>Travel Agent Information if applicable</b>		Travel Agent/Agency:	
IATA/CLIA:		Address:	
City:		State:	Zip:
Phone:		Mobile:	Fax:
Email:			
Sign me up for Agent Specials and your quarterly E-News please!		Yes:	No:
<b>How did you hear about Nordic Destinations:</b>			

<b>ADDITIONAL TRAVELER INFORMATION – For the best travel experience, please fill out below if applicable:</b>			
<b>Accommodation</b>	Queen/King (if possible):	Twin (2 single beds):	Single: Family Room: Upgraded Room:
Dietary Restrictions:		Physical limitations:	
Other:			
<b>Air</b>	Frequent Flyer # & Airline:		Seat Preference:
Sign me up for Travel Specials and your quarterly E-News please! Yes: _____ No: _____			
How did you hear about Nordic Destinations:			

**PAYMENT INFORMATION** Please read our Terms & Conditions.

Payment by: VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex <input type="checkbox"/> Discover <input type="checkbox"/> PayPal <input type="checkbox"/> Check <input type="checkbox"/> Wire Transfer		
Name on card:		
If paying by credit card, your travel expert will contact you for card information when it is needed.		
Billing Address (Same as mailing: <input type="checkbox"/> ):		
City:	State:	Zip:

**TRAVEL INSURANCE, please check one. If declining, please sign:**

I would like to receive a quote:	Yes	No	I am declining travel insurance	Signature:
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I agree to the Terms & Conditions, outlined by Nordic Destinations and if paying by credit card, agrees to perform the obligations set forth by the card holder’s agreement with issuer. I also understand that if I decline any optional travel insurance, I am bound to all the cancellation & refund policies set forth by Nordic Destinations and its suppliers.

**I understand that the airline tickets I am purchasing are subject to supplemental price increases that may be imposed after the date of purchase. Post-purchase price increases may be applied due to additional costs imposed by a supplier or government. I acknowledge that I may be charged additional sums by Nordic Destinations to offset increased fees, fuel surcharges, taxes, fluctuations in foreign exchange markets or any combination thereof. I hereby consent to any post-purchase price increases and authorize Nordic Destinations to charge my credit card for such additional amounts.**

x \_\_\_\_\_  
**Mandatory Signature of Lead Traveler &/or card holder**      Date

<b>Nordic Destinations Office Use Only</b>		
Booking #:	Booking Date:	
Deposit paid:	Balance paid:	