

PERU STUDY TOUR

APRIL 2005



Please write in block capitals and tick the appropriate boxes.
Photocopy this form if necessary. Each participant must complete these 3 pages

FAX TO ROGER GREENS OFFICE:: USA 1-201 489 8419

OR POST:

Roger Green, 340 E 52nd St, suite 6H, New York City, NY 10022 USA

OR EMAIL: rogergreen@fengshuiseminars.com

Please note: Please read all of the conditions stated on these forms. A deposit of US\$500 is required to confirm your place on the tour. This deposit can be paid by either credit card, money order or check. All other payments cannot be paid by credit card. We recommend all remaining fees to be paid by bank transfer or American check or international money order in \$US.

If you do not have all your arrival and departure details for LIMA at the time of booking- that is OK- please supply them later so we can arrange airport transfers.

Name as on passport.

PERU STUDY TOUR	Price (\$US)
<input type="checkbox"/> Twin share	2100
<input type="checkbox"/> Single room supplement — Hotel	440
<input type="checkbox"/> Extra night's accommodation — Lima	\$90 per night per room
<input type="checkbox"/> If you have requested extra nights in Lima, please list which dates: _____	
<input type="checkbox"/> Deposit US \$500 NON REFUNDABLE due between 15TH December-15th January 2005	
<input type="checkbox"/> Full payment due by 25th February, 2005	

Method of paying deposit Sending check in US currency Bank transfer credit card

Method of final payment Sending check in US currency Bank transfer

TOTAL AMOUNT ENCLOSED \$US _____

**If sending a international money order or American check: Make payment to Roger Green:
POST TO: Roger Green, 340 E 52nd Street, Suite 6H, New York City, NY 10022, USA**

<p>\$US500 deposit can be paid by credit card Balance of payment to be made by bank money transfer or check:</p> <p>Bank transfer details:</p> <p>Name of account: Roger G Green Nane of bank: Citibank, Branch: 399 Park Ave, NY NY 10043 Account No 021000089- 52027504</p>	<p><input type="checkbox"/> Visa <input type="checkbox"/> Mastercard</p> <p>Card No:</p> <p>Expiry Date:</p> <p>Name on card:</p> <p>Signature</p>
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Name :
(exactly as in passport)

Address:
.....

Country: **Postcode/Zip:**

Contact phone:

Contact fax:

Contact email:

Occupation:

Nationality:

Sex:

Date of birth:

Passport number:

Date of passport issue:

Expiry date:

Place of issue:

Next of kin or contact person while you are away. Please include name, address, and phone number. Please write clearly:
.....
.....

***** FLIGHT DETAILS**

First place of departure:
(eg London, Paris, LA)

Flight no. arriving into Lima:

Date of arrival into Lima:

TIME of arrival into LIMA

Time and date of departure

Flight number:
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******* if available at time of registration- otherwise send later by email to:
rogergreen@fengshuiseminars.com

Vegetarian ? **yes**

Cancellation Policy

- Your US\$500 deposit is NON REFUNDABLE. It is immediately used to book your hotel accommodation, 2 internal airfares and train tickets to Michu Picchu.
- Up to 40 days cancellation (March 10th), you will receive 100% refund, minus deposit
- Up to 15 days cancellation (1st April) , you receive 70% refund, minus deposit
- After 15 days cancellation: NO REFUND available

Read the following carefully and sign at the bottom.

You are required to purchase your own personal, medical and travel insurance. You need to in be sound health, be responsible for your own general welfare and have an active sense of responsibility for yourself and others in the group. Please check with your doctor for any medical requirements. While we make all efforts to keep to the advertised schedule, the organisers reserve the right to vary the itinerary at anytime as required by local conditions. We attempt to maintain prices as stated and our policy is to absorb minor fluctuations in cost. However if there are any excessive increases in flight or accommodation costs, or currency fluctuations these will be passed on. Your fee covers internal travel, accommodation based on twin share. (single room supplement is available) and meals as stated on the itinerary.

I AGREE TO:

I have purchased travel healthcare insurance. (This is compulsory.)

I have consulted my doctor concerning my own medical requirements. I understand that the organisers reserve the right to vary the itinerary at any time as required by local conditions.

I have read through the itinerary and agree with the terms and conditions and fee structures.

I have agreed with the cancellation policy.

Trip Member's Agreement Regarding Complete Assumption of Risk of Travel and Release of The Tour Operator's Liability. I acknowledge the risk and hazards of travel in remote areas where injury, delay, or unanticipated events may occur. By signing this statement I accept responsibility for my own welfare and waive any future claims against The Tour Operator for liability to the maximum extent permitted by law.

Name of applicant

Date and Signature of Applicant -I agree to all terms

Parent or guardian must sign if applicant is under 18 years of age.

If you have any information you wish to supply to the organisers, such as details of a medical condition or any other comments, please write them here: