

Highlights of Egypt

Please register me for:

EHRS19 Nov. 9, 2019 Departure • \$3,148 (if paid by cash or check, add 3.5% surcharge if paying by credit card)

Single Supplement • \$650

Optional Tours:

Sound & Light Show at the Pyramids: \$55 per person

The Temples at Abu Simbel flight & tour: \$350 per person

Bedouin Settlement in Hurghada: \$75 per person

Passenger Information (1st Traveler)

Please record information **exactly as it appears on your passport**. Passport information may be sent later if you have yet to obtain a passport. *Best practice is to include a copy of the photo page of your passport.*

Legal Name: _____

(Name for name badge): _____

Passport #: _____

Passport Exp. Date: _____

Passport Authority: _____

Date of Birth: _____

Place of Birth: _____

Gender: Male Female

Special Dietary Needs: _____

Passenger Information (2nd Traveler)

Please record information **exactly as it appears on your passport**. Passport information may be sent later if you have yet to obtain a passport. *Best practice is to include a copy of the photo page of your passport.*

Legal Name: _____

(Name for name badge): _____

Passport #: _____

Passport Exp. Date: _____

Passport Authority: _____

Date of Birth: _____

Place of Birth: _____

Gender: Male Female

Special Dietary Needs: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Work phone/cell: _____ E-mail: _____

Emergency Contact Name: _____ Phone: _____

Sleeping Preference (circle one): Double bed (1 bed) Twin Beds (2 beds)

Roommate name: _____ OR Single supplement: Yes No

Travel Insurance (please check one)

I wish to purchase a travel protection plan and have included the premium with my deposit.

I wish to decline the travel protection plan offered.

Deposit Payment Information (3.5% surcharge for credit cards)

Enclosed is my \$ _____ deposit and insurance premium (if applicable). **Make checks payable to Blue Horizon Travel.**

Please charge \$ _____ deposit and insurance premium (if applicable) to my Discover/MasterCard/Visa

Credit Card Number: _____ Exp. Date: _____

Card ID Code:* _____ *last 3 digits in signature box on the back of the card

_____ Initial to acknowledge you understand that Federal law prohibits the carriage of certain hazardous materials in your luggage or on your person aboard aircraft and could result in a fine or imprisonment. Visit www.tsa.gov for more information.

Prices in this brochure were effective on 2.21.19. By signing below, I understand that price changes are possible at the time of final invoicing, due to exchange rates, an increase in carrier charges, fuel costs, taxes and tariffs, and the number of passengers travelling in the group. I agree to the terms and conditions of this tour.

Signature of 1st traveler: _____ Date: _____

Signature of 2nd traveler: _____ Date: _____



12570 US Hwy 150 • Orion, IL 61273
Main Office: 309-526-3499 • 800-939-4334
www.bluehorizon.net

2.21.19 land