



ICELAND & NORTHERN LIGHTS OCTOBER 17 – 23, 2021

PERSONAL INFORMATION AND TRAVEL PREFERENCES

PLEASE COMPLETE ONE PER PERSON. PRINT NAME EXACTLY AS IT APPEARS ON YOUR PASSPORT

NAME _____

DATE OF BIRTH _____ GENDER _____ COUNTRY OF CITIZENSHIP _____

MAILING ADDRESS _____

EMAIL ADDRESS _____

CELL PHONE _____

HOME PHONE _____

EMERGENCY CONTACT NAME AND PHONE _____

DIETARY RESTRICTIONS _____

SHARE ROOM WITH _____

BEDDING CHOICE : ONE BED TWO BEDS

**VALID PASSPORT (WITH AT LEAST 6 MONTHS VALIDITY FROM YOUR RETURN TRAVEL DATE) IS REQUIRED.
PLEASE ATTACH A COPY OF YOUR PASSPORT TO THIS REGISTRATION FORM.**

PAYMENT SCHEDULE

DEPOSIT:

\$ 200.00 PER PERSON – IS DUE BY CHECK WRITTEN TO TOUR PLAN INTERNATIONAL AND MAILED TO 4323 SUNSET BEACH BLVD, NICEVILLE, FL 32578 ATTN: KISSY GORDON

NO RESERVATION WILL BE HELD WITHOUT A DEPOSIT AND A SIGNED REGISTRATION FORM. ALL OTHER PAYMENTS CAN BE MADE BY EITHER CHECK OR CREDIT CARD.

2ND DEPOSIT OF \$200 IS DUE ON OR BEFORE APRIL 16, 2021

3RD DEPOSIT OF \$450 IS DUE ON OR BEFORE JUNE 16TH, 2021

FINAL PAYMENT IS DUE ON OR BEFORE AUGUST 16TH, 2021

CANCELLATION AND REFUND POLICY

CANCELLATION RECEIVED

16-APR-21
16-JUN-21
16-AUG-21

PENALTY AMOUNT

\$200 PER PERSON
\$450 PER PERSON
100% PER PERSON

IF YOU PURCHASE TRIP INSURANCE FOR THE FULL AMOUNT OF THE TRIP PRIOR TO CANCELLATION, AND YOU CANCEL FOR A COVERED REASON, YOU WILL BE REFUNDED THE FULL COST OF YOUR TRIP (MINUS THE INSURANCE PREMIUM) FROM THE INSURANCE COMPANY ONCE YOUR CLAIM IS COMPLETED.

Entry into Iceland

No Visas required to travel to Iceland for American Citizens at this time.

No Entry/Departure fees at this time.

PAYMENT AND CREDIT CARD AUTHORIZATION

I AM ENCLOSING CHECK # _____ IN THE AMOUNT OF \$ _____ FOR _____ TRAVELER(S) (MINIMUM DEPOSIT \$200.00 PER PERSON).

I WOULD LIKE TO PURCHASE TRAVEL INSURANCE POLICY TO COVER LAND/AIR PORTION(S) OF MY TRIP
I WILL PAY BY CREDIT CARD CHECK # _____

I WOULD LIKE AN AIR QUOTE FROM THE FOLLOWING CITY _____

CREDIT CARD INFORMATION

CREDIT CARD TYPE AMERICAN EXPRESS DISCOVER MASTERCARD VISA

ACCOUNT # _____ SECURITY CODE _____

EXP. DATE _____

NAME OF CARDHOLDER _____

BILLING ADDRESS AND PHONE IF DIFFERENT THAN REGISTRATION _____

WOULD YOU LIKE TO USE THIS CARD FOR ALL FUTURE PAYMENTS? YES NO

I AGREE TO PAY ACCORDING TO THE CARD ISSUER AGREEMENT. I UNDERSTAND AND ACCEPT THE TOUR PLAN INTERNATIONAL AND EUROPE EXPRESS CANCELLATION POLICY, PASSPORT REQUIREMENTS, TERMS AND CONDITIONS. I AUTHORIZE THE USE OF MY CREDIT CARD AS A GUARANTEE FOR CANCELLATION.

PASSENGER SIGNATURE _____

MARKETING PERMISSION

I AGREE TO THE FOLLOWING MARKING PERMISSIONS:

EMAIL COMMUNICATIONS: YES NO

INCLUSION IN GROUP DIRECTORIES: YES NO

USE OF LIKENESS IN PHOTOGRAPHIC MARKETING MATERIALS: YES NO

PAYMENTS MAY BE MADE BY CHECK, CASH OR CREDIT CARD AND MADE PAYABLE TO:

TOUR PLAN INTERNATIONAL, LTD.

SUBMIT COMPLETED REGISTRATION FORM BY:

EMAIL TO: K.GORDON@TOURPLANINTERNATIONAL.COM

FAX TO: 804-353-2947

MAIL TO: KISSY GORDON, 4323 SUNSET BEACH BLVD, NICEVILLE, FL 32578

QUESTIONS OR CONCERNS? CONTACT KISSY GORDON 804-359-3217 X 321 WORK OR 804-334-9897 CELL

WWW.TOURPLANINTERNATIONAL.COM