

**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 Reservation Form by email, fax or mail to your Nordic Expert: Elaine \_\_\_\_ Mette: \_\_\_\_ Jan: \_\_\_\_

|   |                           |                                      |
|---|---------------------------|--------------------------------------|
| <b>TRAVELER 1/Lead:</b> Name (First/Middle/Last): |                           |                                      |
| Date of birth:                                    | Sex: F M (circle one)     | 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:                                    | Sex: F M (circle one)     | Passport #:                          |
| Passport Issued Country:                          | Passport expiration date: |                                      |
| <b>TRAVELER 3:</b> Name (First/Middle/Last):      |                           |                                      |
| Date of birth:                                    | Sex: F M (circle one)     | Passport #:                          |
| Passport Issued Country:                          | Passport expiration date: |                                      |
| <b>TRAVELER 4:</b> Name (First/Middle/Last):      |                           |                                      |
| Date of birth:                                    | Sex: F M (circle one)     | 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: _____ Twin (2 single beds): _____ Single: _____ Non-Smoking: _____ Smoking: _____ |                       |
| 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"/> |        |         |
| Name on card:   |        |         |
| Card Number:  |        |         |
| Expiration:     /   |        | V-Code: |
| Billing Address ( <i>Same as mailing</i> : <input type="checkbox"/> ):  |        |         |
| City:   | State: | Zip:    |

**TRAVEL INSURANCE, please circle and sign:**

|                                    |           |                     |            |
|------------------------------------|-----------|---------------------|------------|
| Travel Insurance has been offered: | Yes    No | Accepted / Declined | Signature: |
|------------------------------------|-----------|---------------------|------------|

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: |               |