



BOOKING FORM

MAKE CHECKS PAYABLE & MAIL TO: TRAVEL 4 LESS INT'L TOURS - 117 VIP Dr. Suite 220
Ph / Fax: 724 934.4880 x 343 - WEXFORD (PA) 15090 - info@travel4less.us

DEPOSIT REQUIRED PER PERSON \$300 (NOT REFUNDABLE)

ENCLOSED A CHECK FOR THE TOTAL AMOUNT OF \$ _____

NAME _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

HOME TEL:(____) _____ OFFICE TEL: (____) _____ Email: _____

DOUBLE (TWO PERSONS) **SINGLE (1 PERSON + \$860 Single supplement)**

TRAVEL INSURANCE PROTECTION PLAN

IMPORTANT NOTE ABOUT TRAVEL INSURANCE: To protect against these penalties in the event of illness or accident, we recommend you very especially to buy a policy with your trusted insurance agent.
For more information go to <http://www.travelguard.com/>.

PLEASE SEND US A COPY OF YOUR PASSPORT.

IN CASE OF EMERGENCY WHO IS YOUR FAMILY WE CAN COMMUNICATE?

NAME _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

HOME TEL:(____) _____ OFFICE TEL: (____) _____ Email: _____

**ITINERARY AND PRICE ARE SUBJECT TO CHANGE UNTIL RECEIPT OF DEPOSIT.
DEVIATIONS ARE NOT PERMITTED.**

VISA & MASTERCARD ONLY (EXPENSES SUPPLEMENT OF 3%)

NOTE: I HAVE CAREFULLY READ AND ACCEPT THE CONDITIONS OF THIS TOUR

PASSENGER SIGNATURE _____

DATE ____/____/____

MAIN OFFICE
117 VIP Dr Suite 220
WEXFORD (PA) 15090
Ph: 724.934.4880 x 343
info@travel4less.us



REP. OFFICES: CALIFORNIA
1890 Clay St. Apt # 1203
San Francisco Ca, 94109
Ph: 415 844 0432
ibrignole@yahoo.com

ILLINOIS
172 N, E. River Rd Suite E
Ph: 224 200.5797
Des Plaines (IL) 60016
ali@travel4less.us

ITALY
Rome
Ph/Fax: +39 06 917.8073
Mob: +39 393 574-2757
sergio@travel4less.us

IRREVOCABLE AUTHORIZATION FORM TO COLLECT

FOR THE TOUR from __/__/__ to __/__/__ OF CARDHOLDER

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN IT TO OUR OFFICE BY FAX: 412 341.4420 OR BY REGULAR MAIL TO sergio@travel4less.us

PASSENGER NAME: _____

Cardholder Name: _____ Signature: _____

Address: _____

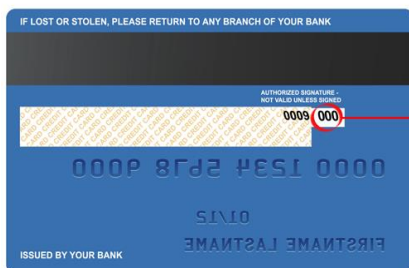
_____ Billing Zip Code: _____

Credit Card Type:



Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ / _____



Card Identification Number
(last 3 digits located on the back
of the credit card): _____

On your card you can find your **CVV/CVC** code here.

Amount Charged: \$ _____ (USD)

FAX or send the authorization to:
TRAVEL 4 LESS International Tours
Fax: 412 341.4420 or Email: sergio@travel4less.us