

Egypt National Tours, LLC

Reservation Form

Final payment is due 50 days before departure.

Please make checks payable to:

**Adventures International, LLC / EgyptNT
P.O. Box #30206
Las Vegas, NV 89173**

Please print and mail this registration form with your deposit.
Each traveler carrying a passport must fill out a separate reservation form.

****Please Print All Information Clearly****

Last Name _____ First: _____ Nick name _____
(As it appears on passport)

Home Address: _____ Apt # _____

City _____ State _____ Zip _____

Home Phone: (_____) _____ Fax: (_____) _____

Work Phone: (_____) _____ Cell: (_____) _____

Email address: _____

of travelers with you: _____ (check if traveling single & add \$600 to total)

Deposit of **\$500** due at time of booking along with this form.

Circle payment method: CHECK MONEY ORDER CREDIT CARD

Amount enclosed: \$ _____

Please Circle: VISA AMEX MC

Credit Card #: _____ Exp. Date: _____ 3-digit code: _____

Deposit enclosed for: Tour Dates _____ Name of tour _____

You will receive a confirmation of your booking once your reservation is received.

Signature of Traveler

Date

Check if applies:

I have a roommate. My roommate is: _____