



Travel for the Journey Inside You

## REGISTRATION FORM

www.luxworldtravel.com

160 Oakland Street  
Rochester, NY 14620

1 866 269 2659  
1 585 672 5587  
info@luxworldtravel.com

**Tour Name** \_\_\_\_\_

**Tour Start Date** (dd/mm/yy) \_\_\_\_\_

**Tour Return Date** (dd/mm/yy) \_\_\_\_\_

### Type of Journey:

Yoga and Wellness \_\_\_ Sacred Journey \_\_\_ Women's Travel \_\_\_

Eco - Adventure \_\_\_ Africa / Safari \_\_\_ Family Vacation \_\_\_

LUX Resort / Hotel \_\_\_ Volunteer Vacation \_\_\_ Other \_\_\_

### Optional Information:

#### How did you hear about us?

LUX World Travel web site \_\_\_

If yes, how did you hear about our website? \_\_\_\_\_

From another web site? **Y** \_\_\_ **N** \_\_\_ If yes, which web site?

\_\_\_\_\_

An Event I attended \_\_\_ If so, which event?

\_\_\_\_\_

Search Engine? \_\_\_ If yes, which search engine?

\_\_\_\_\_

Friend \_\_\_ Past Traveler \_\_\_ Other? \_\_\_\_\_

Newspaper / Magazine? **Y** \_\_\_ **N** \_\_\_ If yes, which newspaper/magazine?

\_\_\_\_\_

**PARTICIPANT # 1**

Name (**Important: Name as it appears on your passport**)

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**Contact Information**

Street Address

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City

---

Province / State

---

Postal / Zip Code

---

Country

---

Date of Birth

---

Place of Birth

---

Phone (Day)

---

Phone (Evening)

---

Email Address

---

**Passport Information**

Passport Number:

---

Nationality:

---

Date of Issue:

---

Place of Issue:

---

Date of Expiration:

---

Profession:

---

**Emergency Contact Information**

Name:

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Phone:

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Email:

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**Special Diet**

I require a special diet, or the following special services: No \_\_\_ Yes \_\_\_

Yes (Please describe below)

**PARTICIPANT # 2**

Name (**Important: Name as it appears on your passport**)

\_\_\_\_\_

**Contact Information**

Street Address

\_\_\_\_\_

City

Province / State

\_\_\_\_\_

\_\_\_\_\_

Postal / Zip Code

Country

\_\_\_\_\_

\_\_\_\_\_

Date of Birth

Place of Birth

\_\_\_\_\_

\_\_\_\_\_

Phone (Day)

Phone (Evening)

\_\_\_\_\_

\_\_\_\_\_

Email Address

\_\_\_\_\_

**Passport Information**

Passport Number:

Nationality:

\_\_\_\_\_

\_\_\_\_\_

Date of Issue:

Place of Issue:

\_\_\_\_\_

\_\_\_\_\_

Date of Expiration:

Profession:

\_\_\_\_\_

\_\_\_\_\_

**Emergency Contact Information**

Name:

Phone:

\_\_\_\_\_

\_\_\_\_\_

Email:

\_\_\_\_\_

**Special Diet**

I require a special diet, or the following special services: No \_\_\_ Yes \_\_\_

Yes (Please describe below)

**Travel Insurance**

We strongly recommend purchasing Tour Package Insurance (cancellation & medical insurance) to protect against cancellation fees and additional travel/medical expenses that may incur before, after or during the trip.

Travel Insurance depends on age and length/cost of trip, so please ask us for a quote prior to registering, or indicate below that you would like a quote from us.

**We are able to offer travel insurance to travelers world-wide.**

Yes, I plan to purchase trip insurance through LUX World Travel and/or their agents.

No, I decline to purchase trip insurance through LUX World Travel and/or their agents.

I will be purchasing trip insurance through my local agent.

**Accommodation (included in Tour)**

I would like a

Double Room

\* Single Room

I would like to find a roommate

\* The single supplement is for those who would like to secure a private room throughout the tour, at the indicated additional price. If you are not traveling with anyone you know and would like to share a room, please indicate your preferences for a roommate above. We will be happy to work to find you a suitable roommate.

**Additional Accommodation (before and after Tour)**

Please arrange accommodation for the following:

City \_\_\_\_\_ Arriving \_\_\_\_\_ Departing \_\_\_\_\_

City \_\_\_\_\_ Arriving \_\_\_\_\_ Departing \_\_\_\_\_

**Air Travel**

LUX World Travel can handle flight arrangements from any departing city world-wide with competitive rates. Please indicate your departure city, and we will do our best to get you the best fares possible. We will let you know immediately, if we are not able to handle flight arrangements for you.

Please make flight arrangements for me (us)

Yes

From City \_\_\_\_\_

Frequent Flyer No. \_\_\_\_\_

No

I will make my own flight arrangements to connect with this tour.

**PAYMENT OPTIONS**

Deposit

Final Payment (due 45 days prior to departure, unless stated otherwise in Tour Info Packet)

Payment in full (due if you are booking within 45 days of departure)

**Personal Check:** sent via regular mail (check made out to LUX World Travel and mailed to  
**LUX World Travel, 160 Oakland Street, Suite A, Rochester, NY 14620**)

**Bank Draft:** sent via regular mail (draft from your bank, made out to LUX World Travel and  
mailed to **LUX World Travel, 160 Oakland Street, Suite A, Rochester, NY 14620**)

I would like to pay by Credit Card.

a) Please contact me by telephone for my credit card details

b) I am advising my credit card details below. Please send me a credit  
card an authorization form to accompany this information.

Number On Credit Card \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date of Expiration \_\_\_\_\_ 3 Digit Code \_\_\_\_\_

Name on Credit Card \_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_

**I authorize LUX World Travel to debit my credit card in the amount of USD \$** \_\_\_\_\_

Representing:

**Deposit**     **Final Payment**     **Payment in full**

I have read and agree to the booking conditions and general information as outlined in the Terms & Conditions section. I also understand that the unique nature of this type of travel involves accommodations, transport, safety and medical facilities not found on a conventional vacation. By entering your email address below, you are agreeing to those terms.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Email Address \_\_\_\_\_

Date \_\_\_\_\_