



Travel for the Journey Inside You

FAX TO: 585-298-9701

Or Scan and Email to:  
StPaulTour@luxworldtravel.com

www.luxworldtravel.com

160 Oakland Street  
Rochester, NY 14620

I 866 269 2659

I 585 672 5587

info@luxworldtravel.com



## REGISTRATION FORM

Please complete the following information...

**Tour Name:** Footsteps of the Apostle Paul

**Tour Start Date:** May 3, 2010

**Tour Return Date:** May 14, 2010

### Type of Journey:

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

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

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

### How did you hear about us?

LUX World Travel web site \_\_\_

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

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

Newspaper / Magazine?

If yes, which newspaper/magazine? \_\_\_\_\_

**PARTICIPANT # 1**

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 \_\_\_

If Yes please describe or contact us.

**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 \_\_\_

If Yes please describe or contact us.

**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.

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

**PAYMENT OPTIONS**

Land Only Deposit \$500  
 Land and Air Deposit \$750

Land Only Final Payment (due by February 26, 2010)  
 Land and Air Final Payment (due by January 20, 2010)

**Personal Check:** sent via regular mail  
 **Bank Draft:** sent via regular mail (draft from your bank)

Send checks 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** \_\_\_\_\_ **Date** \_\_\_\_\_