



Travel for the Journey Inside You

FAX TO: 585-298-9701

Or Scan and Email to:
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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...



Retreat Name: Women Helping Women Retreat

Retreat Start Date: February 27, 2010

Retreat End Date: March 6, 2010

Type of Journey:

Yoga and Wellness ___ Sacred Journey ___ Women's Travel **X**
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
