MHT Tour Registration Form

Please complete the entire form. **Type or print all information.**
YOUR INFORMATION:

Clearly print your full name (first/middle/last) as it appears on your government issued Passport documentation. IMPORTANT: In order to avoid any unnecessary change fees, it is imperative that all guest names are entered correctly from the start. The information below must be the legal name and be 100% identical to your Passport including middle names or suffixes (Jr, Sr.)

Name of Tour: Guadalcanal and or Tarawa Tour Dates: Tarawa 27 Jul ï 1 Aug Guadalcanal 1 ï 10 Aug 2019

First: _____ Middle: _____ Last: _____ Suffix: _____

Nickname: _____ Gender: (_) Male (_) Female Date of Birth: (month/day/year) _____

Address: _____City: _____ State: _____ Zip Code: _____
***We cannot deliver overnight mail to a Post Office Box. Please contact our office if there is a problem.*

Phone: (____) _____ Cell: (____) _____ Email Address: _____

Passport Number: _____ Expiration Date: (month/day/year) _____

Date of Issuance: (month/day/year) _____ City, State, Country of Issuance: _____

Citizenship: _____ Emergency Contact: _____ Phone: (____) _____

ROOMING WITH: Check if address is the same as Passenger #1

First: _____ Middle: _____ Last: _____ Suffix: _____

Address: _____City: _____ State: _____ Zip Code: _____
***We cannot deliver overnight mail to a Post Office Box. Please contact our office if there is a problem.*

Phone: (____) _____ Cell: (____) _____ Email Address: _____

Passport Number: _____ Expiration Date: (month/day/year) _____

Date of Birth: (month/day/year) _____ Date of Issuance: (month/day/year) _____

City, State, Country of Issuance: _____

Citizenship: _____ Emergency Contact: _____ Phone: (____) _____

AIR GATEWAY: Your departure airport for this tour: _____
Air Seat Request: (_) Aisle (_) Window (_) Next To Traveling Companion
Military Historical Tours (MHT) cannot guarantee your seat preference. If you have not purchased air through MHT and wish to purchase transfers when applicable, you must transfer at our pre-scheduled times.

AIR UPGRADE: I am interested in purchasing an air upgrade to: Premium Economy Business Class First Class Service is limited and not available on all flights or carriers. Other restrictions may apply. Are you willing to separate from the group air schedule to accommodate your upgrade request? (_) Yes (_) No

TRAVEL PROTECTION: (_) Yes, I wish to purchase trip cancellation protection
(_) No, I decline.
If you choose not to purchase MHT's Trip Cancellation Insurance Plan, you will incur penalties for changes and cancellations. Trip Cancellation Payment is due with final payment. This does not cover any single supplement charges which arise from an individualôs traveling companion electing to cancel for any reason prior to departure. The single supplement will be deducted from the refund of the person who cancels.

Service Information:

(1) Military Service: (___) USMC (___) USA (___) USN (___) USAF

(2) Veteran of: (___) Vietnam (___) Korea (___) Cold War (___) WWII (___) GWOT (___) other (_____)

(3) Areas of Operations/Firebases/Bases: _____ (4) Dates Served: _____

Tour Information:

(1) Special Requests (Dietary, Mobility, etc.):

_____

(2) Health (Concerns pertinent to traveling. This information is needed for your safety during travel):

_____

(3) Have you traveled with MHT before (Tour & Date): _____

(4) If traveling with friends on the same tour, please list their names: _____

_____

Check appropriate blocks:

(_) Smoking (_) Non-smoking

(_) Willing to share room* (_) I wish to room alone, Please bill me for the single room supplement

(Note: If we are unable to match you with a roommate, the single supplement will apply.)

NOTE: A deposit of $500 per person due upon reservation. Reservations are made on a first come, first served basis. Payment may be made by check, money order or credit card. Deposits are fully refundable, **less $250 administrative handling fee**, until 90 days prior to the tour / cruise date. The final payment is due 90 days prior to the date of departure. We strongly suggest that you make a copy of both sides of this form for your own records.

PLEASE MAKE CHECKS PAYABLE TO: Military Historical Tours (_) Check (_) Credit Card

Deposit Amount: $ 500 x ( ) per person = _____ Pre/Post Tour Deposit Amount: $ 200 x ( ) per person = _____

Total amount enclosed: $_____

Credit Card (_) American Express (_) Discover (_) MasterCard (_) Visa

Cardholder Name (if paying by Credit Card): _____

Cardholder Billing Address: Check if address is the same as page 1 _____

Cardholder Phone: Check if address is the same as page 1 (____) _____ Amount Charged: $_____

Credit Card Number: _ _ _ _-_ _ _ _-_ _ _ _-_ _ _ _ 3-digit code: _ _ _ Expiration Date: _ _ _ _
M M Y Y

SIGNATURE REQUIRED for acceptance of the below conditions and agreement to credit card use:

_____ Date: _____

I agree to pay according to the card issuer agreement. I understand and accept MHTôs cancellation policy, terms and conditions. See http://www.miltours.com/terms-and-conditions for full terms and conditions of your purchase.

Important Conditions: Your price is subject to increase prior to the time you make full payment. Your price is not subject to increase after you make full payment, except for charges resulting from increases in government-imposed taxes or fees.

Military Historical Tours

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