



GROUP PASSENGER BOOKING FORM

Group # _____

Agent's Name _____

Group Name _____

Agent's Phone _____

Agency Name _____

Agent's Email _____

PASSENGER 1:

Full name of passenger (must match passport) _____

Nationality _____

Date of Birth _____ / _____ / _____

Gender: ☐ M ☐ F ☐ Other

I would like to book my flights with CIE Tours: ☐ Yes ☐ No

Type of Room: ☐ 1 BED ☐ 2 BEDS

My roommate and I prefer to have our own separate reservation number: ☐ Yes ☐ No

Street Address _____

☐ Payment is enclosed for Optional Trip Protection Insurance. \$ _____

City/State/Zip _____

☐ I am enclosing a deposit check for \$ _____

Daytime Phone _____

☐ I am paying via credit card. Please charge \$ _____

Evening Phone _____

☐ Visa ☐ Mastercard ☐ American Express ☐ Discover

Email _____

Name on Card _____

Emergency Contact _____

Card Number _____

Emergency Contact Phone _____

Expiration Date _____ / _____ Security Code _____

Is this a single reservation? ☐ Yes ☐ No NOTE: If this is a single, leave Passenger 2 section blank.

PASSENGER 2: Same address as Passenger 1? ☐ Yes ☐ No

Same credit card information as Passenger 1? ☐ Yes ☐ No

Full name of passenger (must match passport) _____

Nationality _____

Date of Birth _____ / _____ / _____

Gender: ☐ M ☐ F ☐ Other

I would like to book my flights with CIE Tours: ☐ Yes ☐ No

Type of Room: ☐ 1 BED ☐ 2 BEDS

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