

# Discovering the Andean Codex

Sacred Travel in Perú - Signature Tour \$3950

## TRAVEL INFORMATION AND PAYMENT FORM

Print this form and complete the information below. Write your name as it appears on your passport. For credit card information, write your name as it appears on your card. Once completed, fax the form to us at: (941) 929-1902. If paying by check, make your check out to Dr. Williams/Tours and mail the completed form to: J. E. Williams, OMD, P.O. Box 3917, Sarasota, FL 34230. If paying by phone, call 1(941) 929-1901.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Passport No. \_\_\_\_\_ Country of Issue \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Deposit** - \$1000 per person reserves your space. For private room, add \$500 for a total deposit of \$1,500.

**Second Payment** - \$1,500 per person due by April 1, 2007 assures your space. When we receive your payment, we will send you by email or mail additional information about the trip and an agreement/consent form.

**Final Payment** - \$1,450 per person is due on or before May 1, 2007 guarantees your space. We will be in touch with you by phone and email for final details.

**Cancellations and Refunds:** Cancellations made 60 days or more prior to the departure are subject to \$100 cancellation fee. Reservations canceled 30-59 days prior to the departure date are subject to a cancellation fee in the amount of 50% of the trip cost. Reservations canceled less than within 30 days prior to the departure date are nonrefundable.

PAYMENT	DUE DATE	AMOUNT
Deposit	At time of sign up	\$1000
Private Room	At time of sign up	Additional \$500
First Payment	By April 1, 2007	\$1,500
Final Payment	By May 1, 2007	\$1,450

**Payment Methods:** You may pay in full in advance. Personal checks and major credit cards (Discover Card, Mastercard, Visa, American Express) are accepted. Please complete the information below and fax or mail with you payment. A receipt will be sent to you along with other information.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell or Work: \_\_\_\_\_  
Email: \_\_\_\_\_ Website: \_\_\_\_\_  
Credit Card \_\_\_\_\_ No. \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Name on Card: \_\_\_\_\_

*I authorize Sacred Travel in Peru/ Dr. Williams to charge my card in the amount circled above.*

Signature: \_\_\_\_\_