GLOBAL SPECTRUM

TRAVEL SPECIALISTS TO VIET NAM & BEYOND

RESERVATION FORM

Instructions: Please carefully read and complete this form for each person, sign below then mail or fax to: Global Spectrum, 3907 Laro Court Fairfax, VA 22031 • Fax: (703) 671-5747 • Phone: (800) 419-4446 • Email:gspectrum@gspectrum.com

TRAVEL AGENTS ONLY

Agency: _____
IATA/ARC No: _____
Agency Consortium affiliation: _____

Name *(Please print legibly)*: _____
Mailing address: _____
City: _____ State: _____ Zip Code: _____
Work phone: _____ Fax: _____
Home phone: _____ Email: _____
Trip name: _____ Trip extension name: _____
Special interests: _____
Special needs *(e.g. physical, dietary):* _____
Name of emergency contact: _____ Phone: _____

Passport Number: _____Issue date: _____ Expiration date: _____
Name as it appears in your passport: _____
Place of issue: _____ Citizenship: _____
Date of birth: _____ Place of birth: _____
Occupation: _____

Payment: *(Credit card, check or bank draft payable to Global Spectrum)*
Amount: $_____ Charge to: AMEX VISA Mastercard Discover *(please circle one)*
Name as stated on credit card: _____
Credit card no: _____ Expiration date: _____
Signature: _____ Date: _____

Accommodations: *(please check one)* ☐ smoking ☐ non-smoking
- ☐ I will share a double room with: _____
- ☐ I am traveling alone, but willing to share accommodations (not guaranteed)
- ☐ I prefer single accommodations at the supplemental cost, if available

Flight Arrangements: Please make flight arrangements for ____ person (s)
Departure city/Airport name: _____
Airline preference *(if any)*: _____
Frequent flyer member *(airline and number)*: _____
Seating preferences *(not guaranteed)*: ☐ aisle ☐ window ☐ smoking ☐ non-smoking
Special meals (e.g. vegetarian): _____
Will you require any stopovers prior to or after your Viet Nam / Southeast Asian journey? _____
If so, where?_____ When? _____
If you are making your own flight arrangements, please send along a copy of your flight itinerary.

Outreach Opportunities: *(please check your preferences)*
☐ Yes ☐ No I would like to learn more about Global Spectrum's humanitarian projects
☐ Yes ☐ No I would like to participate in Global Spectrum's Match Grant program
If yes, amount I wish to contribute: ☐ $10 ☐ $25 ☐ $50 Other: _____
(GS will match up to a $25 per person donation)

I understand and accept the terms and conditions stated in the Travel Participation Agreement, and release and discharge Global Spectrum and its representatives from and against any and all liability arising from participation in the tour.

_____ _____
Signature of Participant (or Legal Guardian of Participant) Date