

Adventures, Inc.

BOOKING FORM: BRUSSELS 5 - 12 SEPTEMBER, 2008

NAMES: _____

ADDRESS: _____

TELEPHONE: _____ e-mail _____ @ _____

PLEASE RESERVE ____ PLACE(S) FOR THE TRIP TO BRUSSELS

I WILL BE ROOMING WITH _____

I WISH A SINGLE ROOM @ \$630.00 SUPPLEMENT _____

PLEASE CHARGE MY AIRFARE TO MY CREDIT CARD (IF YOU WISH ME TO MAKE THIS RESERVATION.

(Name / Type / Number and expiration date please)

DATE OF BIRTH _____ PASSPORT NUMBER _____ (passenger1)
(DD/MM/YY)

DATE OF BIRTH _____ PASSPORT NUMBER _____ (passenger 2)
(DD/MM/YY)

FREQUENT FLYER #WITH DELTA/AMERICAN _____ SEAT PREFERENCE _____

FREQUENT FLYER #WITH DELTA/AMERICAN _____ SEAT PREFERENCE _____

Please enclose a deposit check (\$500.00 per person) made payable to Adventures, Inc. This is to secure space on the tour. Please send check to Jean M. Glasel, 15 Colton St., Farmington, CT 06032. For more information or details, please call Jean at 860-674-1114. Email at jeanglasel@goadventuresinc.com

CANCELLATION'S & REFUND POLICY

Costs are based on rates quoted as of January 1 2008. The initial deposit of \$500.00 is refundable, less a \$50.00 handling charge, until February 1, 2008. A second payment of \$1,000 per person is due on 15, March 1, 2008. Final payment is due on May 15, 2008. From that date there is a 50% charge of hotel costs. No refunds are possible from hotels 45 days prior to departure. Airline tickets are non-refundable. Rates are based on exchange rates of January 1 2008 and are subject to change should there be a major fluctuation between dollars and euros. Insurance forms are available upon request and it is highly recommended that you consider taking out insurance.