

INTERMIXI JAPAN TOURS
4041 INGLEWOOD BLVD #1
MAR VISTA, CA 90066

RESERVATION FORM:

ATTN: BOOKING AGENT

CREDIT CARD: (to be called in) _____

CARD HOLDERS NAME: _____

TOUR NAME: _____

PACKAGE PRICE (based on double occupancy) \$ _____ SINGLE: _____

PARTICIPANTS PASSPORT NAME (First Name, Last Name) – Please Print

MR. or MS.

a) ROOMMATE NAME:

or

b) DO YOU ACCEPT SHARING A ROOM WITH ANOTHER PARTICIPANT OF THE SAME SEX?

MAILING ADDRESS (NO P.O. BOX):

TEL. NUMBER: HOME: _____
CELL: _____

EMAIL ADDRESS: _____

WHERE DID YOU HEAR ABOUT US?

By signing below, i understand and acknowledge the charges which described hearon. I acknowledge payment in full, is to be made when billed or in extended payment, in accordance with the standard policy of the company issuing the credit card. I waive my right to dispute these charges. Under the laws of this state of _____, I certify the foregoing is true and correct.

Card holder's Signature: x _____ Date _____

Please attach the card holders photo ID plus participant's passport copy.