



## Traveler Information

(Please return promptly)

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Name (as it appears on passport)

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Street address

City

State

Zip

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E-mail

\_\_\_\_\_ Will you have this activated during travel? **Yes** **No**

Home/Cell Phone

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Contact at home in case of emergency (name and number)

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Passport Number

Country of Issue

Expiration Date

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Date of Birth

Place of Birth

Citizen (Country)

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Please describe any health or dietary restrictions, special medications or needs:

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Any particular sight, experience or food you would like to have on this trip? (optional)

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➤ I lean toward: **red wine** **white wine** **beer**

➤ Rooming with \_\_\_\_\_ or private room \_\_\_\_\_