

Tour Name	Departure Date
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	First name	Surname	Birth Date	Nationality
1				
2				
3				
4				
5				
6				

Personal details of Lead name (contact point for group)	
Name :	
Address:	
Telephone number:	Cell number:
Contact preferable: <input type="checkbox"/> Morning <input type="checkbox"/> Evening	
E-mail:	

Accommodation Requirement (number of rooms)	
Double Room: Double bed <input type="checkbox"/> Twin bed <input type="checkbox"/> Extra bed: <input type="checkbox"/>	Single-room: <input type="checkbox"/>

Spoken language Requirement (please indicate your language preferences)	
<input type="checkbox"/> English <input type="checkbox"/> German <input type="checkbox"/> Italian <input type="checkbox"/> French <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____	
<input type="checkbox"/> I don't mind traveling with a group of mixed nationalities	

Food Restrictions (please indicate if any)	

Special Requirements (please indicate if any)

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How do you hear about Episode-Travel with Art?

<input type="checkbox"/> Word of mouth	<input type="checkbox"/> Website/e-mail	<input type="checkbox"/> Press _____
<input type="checkbox"/> Travel Agent	<input type="checkbox"/> Other _____	

Deposit Amount (15% of total booking price)

<input type="checkbox"/> I wish to paid the deposit amount of € _____ by bank transfer (please contact us for further details)
The balance of your tour payment _____ € is due 45 days prior to the departure date.

We may use the details above to notify you of our service offers and promotions from time to time.
 If you do not wish us to notify you please tick this box.

We observe the requirements of the Lei da Protecção dos Dados Pessoais - Portuguese Data Protection Authority - in respect of all personal data held by us at any time. (In order to find out more about our notification and the requirements of the Data Protection you should visit the site at www.cpd.pt)

I am over 18 years of age and have read, understand and accept the Booking Terms and Conditions and confirm that I am authorized to accept them on behalf of all members included in the booking.

 LEAD NAME'S SIGNATURES _____ DATE _____