



# Vered Tours

Let Us Show You Our World

3 ALLIED DRIVE, STE.303, DEDHAM, MA 02026 USA  
TOLL FREE TEL/FAX: 1-855-414-4433

[info@veredtours.com](mailto:info@veredtours.com) [www.veredtours.com](http://www.veredtours.com)

formerly Vered HaSharon Tours (USA)

## Tour Enrollment Form

Please enroll me in the Travel Agents' Fam Tour of Egypt – April 26 – May 4, 2019

Name (as it appears on my passport): \_\_\_\_\_

Address: (home or credit card billing) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Country \_\_\_\_\_

Telephone: Office ( ) \_\_\_\_\_ Cellular ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Departure Date \_\_\_\_\_ Departure City \_\_\_\_\_

I am a citizen of (country) \_\_\_\_\_ and hold a passport valid until \_\_\_\_\_

Passport number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I wish to share a room with  (name) \_\_\_\_\_  Non-smoker  Smoker

I am enclosing \$250 deposit to enroll in this tour

I am enclosing \$2,120.00 as full payment for my tour ( plus \$370.00 single supplement or \$205.00 non-agent companion supplement, where appropriate). Full payment must be received by March 15, 2019.

Please charge the amount of \_\_\_\_\_ on my \_\_\_\_\_ (type) credit card

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name as appears on credit card: \_\_\_\_\_ Security code: \_\_\_\_\_

I wish to purchase travel insurance. Please send me a quote.

I decline the travel insurance offer and will provide my own insurance coverage.

Signature \_\_\_\_\_ Date \_\_\_\_\_