



# Egypt: Pharaohs Pyramids & Nile Cruise

Egypt October 9-18, 2008  Abu Simbel Temple Tour

Name: \_\_\_\_\_ Mr / Ms / Mrs M or F  
last name first name

Occupation: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

street address  
\_\_\_\_\_  
city state zip

Are you a U.S. citizen?  Yes  No

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_ Home tel \_\_\_\_\_

Street address

\_\_\_\_\_ Work tel \_\_\_\_\_

city state zip

Do you have a U.S. passport?  N  Y Passport Number: \_\_\_\_\_ Exp. date: \_\_\_\_\_

Do you have a foreign passport?  N  Y Which country is it from? \_\_\_\_\_

Airplane seating preferences:  Non-smoking  Smoking  Window  Aisle

Originating your trip from:  New York  Other \_\_\_\_\_

Rooming preferences:  Single room  Double room Roommate: \_\_\_\_\_

Special health needs: \_\_\_\_\_

Please indicate any previous travel in Africa or any other developing country. Be sure to include dates.

Why are you interested in this program to Egypt? \_\_\_\_\_

How did you find out about this program? \_\_\_\_\_

Please complete and mail this reservation form to: African Travel Seminars, Inc. P. O. Box 865, Bel Air, Maryland, 21014

**Thank you for printing your information clearly on this form!**