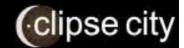
Where the moon mates the sun



Booking Sheet for Program 2: Eclipse-City along The Great Wall

First Name:		Middle Initial		anying shall fill out pag Second Name:			
Gender: Male o Female o Born on da		m/y:	in City		//Country:		
Nationality:	onality: Passpo Numbe			Issued in (city):			
Passport Issue Date d/m/y:				Passport valid through d/m/y:			
Please do also provide a	a scanned copy of you	r passport and se	end this	to passport@eclipse-cit	y.com for your visa i	nvitation	
CURRENT ADRESS Stre	eet	ZIP Code		City	Country	Telephone	e-mail
NAME OF PERSON V	VE SHOULD CONTA	CT IN CASE OF	FEME	RGENCY (for you and :	accompanying trave	ellers)	
NAME OF PERSON WE SHOULD CONTACT IN CASE OF Full Name				elationship (spouse		Phone (incl. Prefix)	
TRAVEL DETAILS	l wan	t to book pro	gram	code (all prices ar	e in Euro)		
Program 2: Along the Great Wall				Number of travellers	Price / Person	with Single Supplement	Total
Program 2 Double (Code: 2-D)					2 490,00 €	0.040.00.5	
Program 2 Single	(Code: 2-S)					2 840,00 €	
Total					Ī		
Total							
I HAVE READ AND A	CCEPT ECLIPSE-CT	Y'S TERMS AN	D CON	IDITIONS PUBLISHED	ONLINE (APRIL 2	007)	
Full Name / Date	and Place / Signa	ature					-
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riease (a) sigi	THIS GOCUME	SIII AND (C	у тах	t it or email it t	u us		

Eclipse City Limited 5 Jupiter House, Caleva Park - Aldermaston, Reading - Berkhire RG7 8NN, United Kingdom

PERSONAL DETAIL	S (People accompany	ng the main traveller)				(2nd)	
First Name(s):		Middle Initial	Second Name:				
Gender: Male o	Female 0	Born on d/m/y:	T	l in Cit	y/Country:	<u> </u>	
Oction: Maio 5	T CITIAIC 5	DOITH OIT GITTIN y.	1	iii Oil	y/Country.		
Nationality:		Passport Number:			Issued in (city):		
Passport Issue [Date d/m/v:		Passport valid thr	rough d/m/y:	1		
	•						
PERSONAL DETAIL	S (People accompany					(3rd)	
First Name(s):		Middle Initial	Second Name:				
Gender: Male o	Female o	Born on d/m/y:		in Cit	y/Country:		
Nationality:		Passport Number:			Issued in (city):		
Passport Issue [Date d/m/v:		Passport valid thr	rough d/m/v:	-	_	
r assport issue t	Date diffiry.		ir assport valid trii	ough u/m/y.	ı		
PERSONAL DETAIL	S (People accompany					(4th)	
First Name(s):		Middle Initial	Second Name:				
Gender: Male o	Female o	Born on d/m/y:		in Cit	y/Country:		
Nationality:		Passport Number:			Issued in (city):		
Passport Issue Date d/m/y: Passport valid through d/m/y:							
1	-						
First Name(s):	S (People accompany	ng the main traveller) Middle Initial	Second Name:			(5th)	
			1			ı	
Gender: Male o	ender: Male o Female o Born on d/m			in Cit	y/Country:		
Nationality:		Passport Number:			Issued in (city):		
Passport Issue [Date d/m/v·		Passport valid the	rough d/m/v·			
r assport issue i	Date diffiry.		ir assport valid trii	ough u/m/y.			
Please do also provide	e a scanned copy of you	r passports and send the	ese to passport@eclipse	-city.com for your vi	sa invitation		
	ACCEPT FOLIDSE OF	V'S TEDMS AND COM	NDITIONS PUBLISHED	ONLINE (ADDIL 1	2007)		
THAVE READ AND	ACCEPT ECLIPSE-CT	Y S TERINIS AND COI	NDITIONS PUBLISHED	ONLINE (APRIL 2	2007)		
(2nd) Full Name / Date and Place / Signature			_	(4th) Full Name / Date and Place / Signature			
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	-		_				
(3rd) Full Name	/ Date and Place /	Signature		(5th) Full Name / Date and Place / Signature			