Where the moon mates the sun

(clipse city

Booking Sheet for Program 3 (ex Frankfurt): 72 Hours with Eclipse-City to China's Great Wall West Front

	C (Diassa fill out your	dataile Doonlo	accomr	anying shall fill out pag	10.2)						
First Name:		Middle Initial	accomp	Second Name:							
Gender: Male o Female o Born o		Born on d	/m/y:		in City	/Country:					
Nationality:		Passport Number:				Issued in (city):					
Passport Issue Date d/m/y:			Passport valid through d/m/y:								
Please do also provide a scanned copy of your passport and send this to passport@eclipse-city.com for your visa invitation											
CURRENT ADRESS Street ZIP		ZIP Code		City	Country	Telephone	e-mail				
NAME OF PERSON WE SHOULD CONTACT IN CASE OF EMERGENCY (for you and accompanying travellers)											
Full Name F			Re	elationship (spouse	e, mother)	Phone (incl. prefix)					
TRAVEL DETAILS I want to book program code (all prices are in Euro)											
Program 3: 72 Hours China (ex Frankfurt)			0	Number of travellers	Price / Person	with Single Supplement	Total				
Program 3 Double (Code: 3-D-FRA) Program 3 Single (Code: 3-S-FRA)				1 790,00€	1 840,00€						
		,		I			1				
Total]						

I HAVE READ AND ACCEPT ECLIPSE-CTY'S TERMS AND CONDITIONS PUBLISHED ONLINE (APRIL 2007)

Full Name / Date and Place / Signature

Please (a) sign this document AND (b) fax it or email it to us Upon receipt of your booking, we will send you an invoice

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

PERSONAL DETAILS (People accompa	inving the main traveller)				(2nd)
First Name(s):	Middle Initial	Second Name:			(2.10)
Gender: Male o Female o	Born on d/m/y:		in Cit	y/Country:	
	Born on a/m/y.			ji oʻoʻunu ji	
Nationality:	Passport Number:			Issued in (city):	
Passport Issue Date d/m/y:		Passport valid th	rough d/m/v:		
Tassport issue Date unity.			iougii u/iii/y.		
PERSONAL DETAILS (People accompa					(3rd)
First Name(s):	Middle Initial	Second Name:			
Gender: Male o Female o	Born on d/m/y:	in City/Co		y/Country:	
Nationality:	Passport Number:			Issued in (city):	
Passport Issue Date d/m/y:		Passport valid through d/m/y:			
PERSONAL DETAILS (People accompa	anving the main traveller)				(4th)
First Name(s):	Middle Initial	Second Name:			(10)
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 th	rough d/m/y:		
PERSONAL DETAILS (People accompa	any ing the main traveller)				(5th)
First Name(s):	Middle Initial	Second Name:			(511)
Gender: Male o Female o	Born on d/m/y:		in Cit	in City/Country:	
Nationality:	Passport Number:			Issued in (city):	
Passport Issue Date d/m/y:		Passport valid th	rough d/m/y:		
Please do also provide a scanned copy of y	our passports and send th	ese to passport@eclipse	e-city com for your v	isa invitation	
I HAVE READ AND ACCEPT ECLIPSE-	CTY'S TERMS AND CO	NDITIONS PUBLISHEI	D ONLINE (APRIL :	2007)	
(2nd) Full Name / Date and Plac	_	(4th) Full Name / Date and Place / Signature			
(3rd) Full Name / Date and Place	e / Signature		(5th) Full Name / Date and Place / Signature		
			, , , , , , , , , , , , , , , , , , ,		

www.eclipse-city.com booking@eclipse-city.com / Fax:+49 6173 324579