Where the moon mates the sun

clipse city

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

PERSONAL DETAILS (Please fill out First Name:	your details. People accon Middle Initial	Second Name:	ge 2)					
Gender: Male o Female 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 th	is to passport@eclipse-cit	ty.com for your visa ir	nvitation				
CURRENT ADRESS Street	ZIP Code	City	Country	Telephone	e-mail			
NAME OF PERSON WE SHOULD CONTACT IN CASE OF EME Full Name R		RGENCY (for you and accompanying trave elationship (spouse, mother)		ellers) Phone (incl. prefix)				
TRAVEL DETAILS I want to book program code (all prices are in Euro)								
Program 3: 72 Hours China (ex Los Angeles)		Number of travellers	Price / Person	with Single Supplement	Total			
Program 3 Double (Code: 3-D-LAX) Program 3 Single (Code: 3-S-LAX)			1 790,00€	1 840,00 €				
- <u>-</u>	,	I						
Total								
LHAVE READ AND ACCEPT ECLIPS	SE-CTY'S TERMS AND CO							

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.			<i>y</i> country.	[
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 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	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 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 Place / Signature		_	(4th) Full Name / Date and Place / Signature		
(3rd) Full Name / Date and Place		(5th) Full Name / Date and Place / Signature			

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