

CHINA ODYSSEY PASSENGER BOOKING FORM

BEIJING · XIAN · GUILIN · CHONGQING · YANGTZE RIVER CRUISE · SHANGHAI

Each passenger must complete one form and return it to Goway Travel: (Please print in **CAPITAL** letters)

* Mandatory information. Must be completed in order to receive travel documents.

Goway Fax: (800) 893 4679 _____ Goway Land Agent: _____
* Passengers Last Name: _____ * Given (First) Name(s) as in Passport: _____
* Passport No: _____ * Nationality: _____ * Country of Birth: _____
* Date of Issue: (month/day/year) _____ * Expiry Date: (month/day/year) _____ Gender: Male / Female
eg. JUL/21/06 eg. JUL/21/11
Name You Want Used on Tour: _____ * Date of Birth: (month/day/year) eg. JUL/21/55 _____
* Home Address: _____ * City: _____
* Province / State: _____ * Postal / Zip Code: _____ Home Tel: () _____
Occupation: _____ Business Tel: () _____
Have all your visas been obtained (ie: China, etc...)? _____ Have all your inoculations been obtained? _____
* Emergency Contact Person: _____ * Relationship: _____
* Home Tel: () _____ Work/Cell Tel: () _____
Name of your Travelling Companion (unless you are booked as a single or twin share) _____
Accommodation requests: (not guaranteed) 1 bed in room: _____ 2 beds in room: _____
Additional requests: (near elevator/low floor etc...)(not guaranteed) _____
Any Special Dietary Needs: _____ Smoking: _____ Non Smoking: _____
* Any Health Problems / Medications that you feel we should know about? (e.g. Heart / Asthma) _____

NOTE: Goway reserves the right to request a doctor's Medical Travel Clearance for certain medical conditions.

Any occasion being celebrated while in destination? (Birthday / Anniversary) _____ Date: _____

The above information is designed to assist our escort in caring for your needs whilst on tour. Your co-operation is much appreciated.

Anything you feel our escort should know in addition to above, please add:

Date Tour Starts: _____ Date Tour Ends: _____
Travel Agency's Name: _____ Travel Agent's Name: _____
Travel Agent's email: _____ Address: _____
Postal Code: _____ Agency's Tel: () _____

I have read thoroughly and accept the general information and booking conditions as per Goway's Asia brochure.

I have taken / not taken out adequate cancellation and medical insurance. I have / am in the process of obtaining my Visa(s).

Passenger's Signature: _____ Date: _____

Travel Agent's Signature: _____ Date: _____



Toronto: 3284 Yonge St., Suite 500, Toronto, Ontario, Canada M4N 3M7, Phone: (416) 322-1034, Fax: (416) 322-1109
Vancouver: 1200 West 73rd Ave., Suite 1050, Vancouver, B.C., V6P 6G5, Phone: (604) 264-8088, Fax: (604) 267-2111
Los Angeles: 5757 West Century Blvd., Suite 807, Los Angeles, CA 90045, Phone: (800) 387-8850, Fax: (800) 665-4432