

Tel: (312) 999-0202 | (877) 896-6076

Fax: (312) 893-5588

Addr: 2408 S Wentworth Ave, Ste1,

Chicago, IL 60616

TOUR RESERVATION FORM

Booking Date (Today): ___

IF YOU ARE A TRAVEL AGENT, PLEASE FILL OUT HERE **Company Name: Agent Name:** 1. TOUR DETAILS **Tour Type:** ☐ Group Tour ☐ Private Tour ☐ Customized Itinerary (FIT) ☐ City Tour ☐ Other Web Code: **Departure Date** Travel Dates: **Tour Name: Return Date LAND ONLY AIR-INCLUSIVE PACKAGE** Please choose your departure city Do you need airport-hotel transfer? (Add'l Fee) ☐ Yes ☐ No **SFO** LAX HOU Dep. Airport Arrv. Date CHI NY DC Flight # Arrv. Airport Arrv. Time For other cities, please specify airport code ☐ Yes ☐ No Do you need airport-hotel transfer? (Add'l Fee) **IN PST IN MST** IN EST, CST Dep. Date Flight # Dep. Airport Dep. Time **PRE-TRIP, TOUR EXTENSION:** (if none, put N/A) Pre-trip Tour Name: **Extension Tour Name:** 2. PASSENGERS (Name provided must be the same as it appears on your passport or legal travel document for your trip) **DOB** No Surname **Given Name** Gender **Nationality** Passport # Exp. Date 1(Lead) 2 3 4 5

Remark: If there are more than 5 passengers, please attach a separate sheet for additional passengers' information.

Single Room (Single Supp. Fee Applies)

1 | Page | 01/2015

Triple Room

Hotel Room Types:

of Rooms:

Double Room (Twin Shared)



Tel: (312) 999-0202 | (877) 896-6076

Fax: (312) 893-5588

Addr: 2408 S Wentworth Ave, Ste1,

Chicago, IL 60616

3. SPECIAL REQUESTS						
Dietary Restriction / Food Allergy:						
Other request or anything else we need to know:						
4. VISA SERVICE (Please check if applicable):						
☐ Go through us for Chinese Visa			☐ Go through us for Vietnamese Visa			
\$170/per passport (5-day regular service) + \$25 Fedex shipping fee (Remark: In accordance with the specific application, the consular officer decides to issue visas with different validity, number of entries and duration of stay in China.)			Fees to be determined at the time of visa application			
Remark: The above fares are for US passports only. Please conta	ct us if you	ı are holding a p	passport from a third country.			
5. TRAVEL INSURANCE (Travel Insurance is provided through Travelex. Please check out attached insurance brochures or visit http://www.magvacations.com/KnowBeforeYouGo.aspx?#1 for detailed coverage.)						
Travel Medical and Evacuation Insurance (To be determined based on age and length of travel)	Travel Cancellation Insurance (To be determined based on age and length of travel)					
Medical Insurance. You and your parties will be responsible Cancellation Ins			this box, you are declining to purchase Travel surance. You and your parties will be responsible for you cancel the tour.			
Remark: Travel Medical Insurance may be purchased at any time before departure. Travel Cancellation Insurance must be purchased before full payment is received.						
6. LEAD TRAVELER	T					
Name:	Email:					
Tel:	Fax:					
Address:						
7. EMERGENCY CONTACT	Τ					
Name:	Email:					
Tel:	Fax:					
Address:						

2 | Page | 01/2015



Tel: (312) 999-0202 | (877) 896-6076

Fax: (312) 893-5588

Addr: 2408 S Wentworth Ave, Ste1,

Chicago, IL 60616

• **Deposit and Payment:** Unless otherwise specified in your customized itinerary, a USD\$300 deposit per person is required for reservations on our pre-designed group tours. To pay by check or money order, please make your check payable to "Mag Vacations". To pay by cash, you'll need to stop by our office. To pay by credit card, please print, fill-out and sign our Credit Card Authorization Form. Your reservation is confirmed and becomes a contract as soon as we received your deposit.

• **Information and Conditions:** For Final Balance Payment, Travel Documents required, Travel Protection Plan, Tour Cancellations, and other general terms and information, please read Terms and Conditions on our tour brochures or find it on our website: www.magvacations.com for most recent updates. Please feel free to contact us if you have any questions.

8.	\sim 1	GI	 _	-	

I have been advised that a Travelex Protection Plan is available and recommended. By signing my name below, I have read and fully understood and agreed to the Terms & Conditions set forth herein.

'Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false
nformation in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. If you wish to
obtain a fraud statement specific to your state of residence, please call 1-888-215-8334."

Payer's Name (Print)	Payer's Signature	Date	Agent's Signature

Ver. 010115

3 | Page | 01/2015