

NORDIC TREASURE TOURS

Name of Tour:

Personal Information	Mr./Mrs./Ms.	
	Name	
	Street Address	
	City	
	State and Zip	
	E-mail address	
	Home phone	
	Cell phone	
Passport	Date of Birth	
	*Name as it appears on passport	
	Country of citizenship	
	Passport Number	
	Expiration date	
Passport must be valid		for 6 (six) months passed the end of the Tour.
Hotel Room Preferences	Double Room	
	Single Room	
	Name of Room Mate	
	Smoking/Non-Smoking	
	Do you wish to be assigned a room mate?	
Airplane Travel Preferences	Position (e.g., aisle, window, center)	
	Location (e.g., forward, rear, wing, exit row, bulkhead, right, left)	
	Meal (e.g., no preference, vegetarian, kosher, heart-healthy)	
Frequent Flyer Programs	Program name	
	Account number	

Diet requirements	Please note food allergies	
Emergency	Name of who to notify	
	Relationship	
	Street Address	
	City, State and Zip Code	
	Home Phone number	
	Cell phone number	
Medical problems	Please note any medical problems the tour leader should be aware of	
	How did you hear about the Tour?	
	Have you been to Norway before?	
	Have you been to Sweden before?	

We will do our best to honor your request, but can make no guarantees. If we cannot find a roommate for the single person, you will be charged to single person rate.

Please read carefully the term and conditions. By signing this form you acknowledge that you have read the term and conditions.

Date: _____ Signature: _____

Please fill in one form per person. **The name on the form must match the passport.**

Please mail form with your deposit to:

Trillium Tours LLC
 Ingeborg D. Sorensen
 1235 Yale Place # 1305
 Minneapolis, MN 55403