

INDIA ECO ADVENTURES TOUR REGISTRATION FORM

Please print clearly

Nov 18-Dec 10, 2010 Feb 02-Feb 22, 2011

1. First Name: _____ Middle Name: _____

Last Name: _____ Maiden Name: _____

(As per passport)

2. First Name: _____ Middle Name: _____

Last Name: _____ Maiden Name: _____

(As per passport)

Email Address: _____

Date of Birth: _____ Gender: Female Male

(Month / Day / Year)

Mailing Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Home Phone No: _____ Business Phone No: _____

Fax No: _____

Total Paid: \$: _____ **Accommodation:** Twin-Shared Single

Method of Payment

Mail: Suite 2, 100- 6th Avenue SW

Calgary AB T2P 0P5

Call: 403-984-4016 or 1-877-449-2424

Fax: 403-984-4017

Cheque (*enclosed*) – payable to 'India Eco Adventures'

Visa or MasterCard

Card Number: |__|__|__|__| - |__|__|__|__| - |__|__|__|__| - |__|__|__|__|

Card Holder Name: _____ Expiry Date: |__|__|__|__|

(MM/YY)

Signature: _____