

**REGISTRATION FORM:** Please complete this form in full and e-mail to *International Photo Tours*: [Internationalphototours@gmail.com](mailto:Internationalphototours@gmail.com) or [jgavriel@gmail.com](mailto:jgavriel@gmail.com)

Tour Name: \_\_\_\_\_ Tour Departure Date: \_\_\_\_\_

**PERSONAL INFORMATION**

Name (exactly as it appears on your passport) \_\_\_\_\_  
Name for Participant List and/or Name Badge \_\_\_\_\_  
Street Address \_\_\_\_\_  
(If PO Box, also give street address for FedEx delivery) \_\_\_\_\_  
City State / Country Postal Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Fax \_\_\_\_\_  
E-mail \_\_\_\_\_

☐ I prefer documents be sent by email (Note: Final documents will be mailed)

Date of Birth (Month/Day/Year) \_\_\_\_\_  
Country of Birth (Month/Day/Year) \_\_\_\_\_  
Occupation \_\_\_\_\_  
Gender Male ☐ Female ☐  
Smoking ☐ Non-Smoking ☐  
Medical/Allergy/Health issues \_\_\_\_\_  
Mobility Restrictions \_\_\_\_\_  
Dietary Requirements \_\_\_\_\_  
(Note: We assume no responsibility for medical care or for special dietary requirements.)  
(Note: Travel insurance and medical insurance are required for all photo tours).

**I DO have travel insurance:** Signature \_\_\_\_\_ Date \_\_\_\_\_

**I DO have medical insurance:** Signature \_\_\_\_\_ Date \_\_\_\_\_

**PASSPORT INFORMATION** (for international tours only): \_\_\_\_\_

Passport Number \_\_\_\_\_ Place of Issue \_\_\_\_\_  
Passport Issue Date (Month/Day/Year) \_\_\_\_\_  
Passport Expiration Date (Month/Day/Year) \_\_\_\_\_ Citizenship \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

Name \_\_\_\_\_ Relationship to Traveler \_\_\_\_\_  
City State / Country \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**REGISTRATION INFORMATION:**

Name of Roommate \_\_\_\_\_ OR ☐ Assign a Roommate if Possible  
Hotel Occupancy: ☐ Single Room ☐ Double Room (2 persons)  
Bed Preference: ☐ One Bed ☐ Two Beds Bed Size (if available): ☐ King ☐ Queen

**TOUR/WORKSHOP DEPOSIT**

Credit Card Number (VISA/MasterCard only) \_\_\_\_\_  
Expiration Date (Month/Year) \_\_\_\_\_  
Security Code (on back of card) \_\_\_\_\_

If the billing address for this card is different from the address shown above:

Street Address \_\_\_\_\_  
City State / Country Postal Code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

A letter of confirmation will be sent via e-mail upon receipt of deposit.  
Reservations are accepted in the order received.