



DC/TAURUS BIRTHDAY GETAWAY 2009

Fax to: (617) 298-7349

E-mail to: PROCESS@KIQTURNS.COM

Mail to: KIQ Tours 113 Mattapan St. Mattapan, MA 02126

Primary Traveler/Group Leader Name:

NAME _____ TEL #: _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

E-MAIL ADDRESS _____

Guest #2 _____ Guest #3 _____

Guest #4 _____ Guest #5 _____

PACKAGE OPTION: \$350 Single \$250 DbI-Quad **DEPARTURE CITY:** _____

CANCELLATION TERMS: \$50 Deposit Non-Refundable \$100 Cancellation Fee after 4/15/09 No Refund after 4/22/09

SINGLE OCCUPANCY PACKAGE:

DEPOSIT/PAYMENT \$50 x _____ = \$ _____ FULL PAYMENT: \$350 x _____ = \$ _____

DOUBLE-QUAD PACKAGE:

DEPOSIT/PAYMENT \$50 x _____ = \$ _____ FULL PAYMENT: \$250 x _____ = \$ _____

CHECK PAYMENT:

BANK NAME _____ CHECK# _____ CHECK AMOUNT \$ _____

ROUTING#: _____ ACCOUNT# _____

CREDIT CARD PAYMENT: (Credit card payments will be charge a 5% transaction fee)

ACCOUNT# _____ EXP DATE _____

3/4 DIGIT CID# _____ AMOUNT TO PROCESS \$ _____

I hereby authorize KIQ Tours to charge the above amount against my account.

Signature: _____