

BOOKING FORM

Destination

Tour name and travel dates

Extension/add-on tour travel dates

Hotel accommodation: double room single room (surcharge CHF.)

I would like to share a double room with Mr / Mrs

Price per person Total price

I / we have a valid CANCELLATION FEE INSURANCE

(cancellation fee insurance can not be purchased through fotoreisen.ch)

By answering the following questions accurately, you help us facilitate the administrative process and prevent delays during the trip.

Mr Mrs

Mr Mrs

1. Person (names as written in passport!)

2. Person (names as written in passport!)

Surname

Surname

Name

Name

Date of birth.....

Date of birth

Address.....

Address.....

ZIP / City

ZIP / City

Home phone

Home phone

Business phone.....

Business phone.....

Cell phone

Cell phone

Nationality.....

Nationality

Passport-Nr.

Passport-Nr.

Place of issue

Place of issue

Date of issue

Date of issue

Expiration date

Expiration date

Profession

Profession.....

Email

Email

Foreign languages

Foreign languages

I would like vegetarian meals on flights

I would like vegetarian meals on flights

allergic on

allergic on

Emergency contact / name, address & phone nr.

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How did you hear about fotoreisen.ch?.....

Please read the GENERAL CONDITIONS OF TRAVEL AND RULES OF AGREEMENT carefully. I, the undersigned, am obliged to pay all of the above mentioned services. The >general conditions of travel and rules of agreement< are part of the contract. I acknowledge the prices, payment terms, cancellation fees, price- and programme changes policy, minimum number of participants, terms of complaint, liability and court of jurisdiction.

Place, date

Signature

.....

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1. Travel participant

2. Travel participant

Please send or email to:

**fotoreisen.ch ag , Luzernerstrasse 11, CH-6343 Rotkreuz
info@fotoreisen.ch**