



AdventureWomen, Inc. ♦ 300 Running Horse Trail ♦ Bozeman, MT 59715
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The "Grand Dame" of Women's Adventure Travel Since 1982

INTERNATIONAL PASSENGER INFORMATION FORM

In order to complete your reservation, we need this important information.
Please return this form to us with your trip application.

NAME OF ADVENTURE: _____ DEPARTURE DATE: _____

FULL NAME (**exactly** as it appears on your passport): _____

ADDRESS: _____

PH (home): _____ PH (work): _____ PH (fax): _____

EMAIL: _____ OCCUPATION: _____

<u>Passport #</u>	<u>Date Issued</u>	<u>Place of Issue</u>	<u>Date of Birth</u>	<u>Place of Birth</u>	<u>Nationality</u>

GATEWAY CITY (your hometown airport out of which you will fly): _____

EMERGENCY CONTACT (required by ALL airlines): _____

RELATIONSHIP: _____ PH (home): _____ PH (work): _____

EMAIL: _____ PH (fax): _____

MEDICAL CONDITIONS WE SHOULD KNOW ABOUT: _____

DIETARY RESTRICTIONS: _____

MEDICAL INSURANCE: _____

Every traveler with AdventureWomen must be covered by personal medical insurance.
TRIP CANCELLATION INSURANCE IS HIGHLY RECOMMENDED. A TRIP CANCELLATION BROCHURE WAS INCLUDED IN YOUR REGISTRATION PACKET.

X _____ DATE: _____
(Signature)

Thank you for choosing to travel with AdventureWomen!