



APPLICATION FOR FAM PARTICIPANTS

Please fill in and e-mail to [info@alitours.com](mailto:info@alitours.com) or fax to 416-653-9010

**FAM Event: OCT 23 – OCT 30, 2015 Destination: PORTUGAL**

**PASSENGER DETAILS (Exactly as on Passport):**

Last Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Date of Birth (DDMMYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex: (Required for Rooming Purposes Only) F  M

Passport #: \_\_\_\_\_

Issue Date(DDMMYY): \_\_\_\_\_ Expiry Date(DDMMYY): \_\_\_\_\_

Agent TICO / IATA #: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Tel: (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Special Dietary Needs: \_\_\_\_\_

**PAYMENT DETAILS**

Total to be charged (as per Itinerary, including air):

\$1299.00 CAD + taxes & fees \$199.00 tax = \$1498.00 CAD [Travel Agent]

\$1798.00 CAD + taxes & fees \$199.00 tax = \$1997.00 CAD [Companion]

Form of Payment: (Please circle) VI / MC / AX

Credit Card # \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_ EXP \_\_\_\_/\_\_\_\_ CVS \_\_\_\_

Name of Card Holder: \_\_\_\_\_

By signing and submitting this application, you are stating that you are an able bodied individual who is able to participate in easy to moderate walking activities, in order to keep up with the group, and that you will not deviate from the Tour Itinerary.

Certain Travel Agencies and Travel Corporations have their own policies in place for employees taking part on FAMs, it is to the sole-discretion of the individual submitting this form that s/he enquires about their agencies policy.

**After receiving confirmation, your FAM trip is totally non-refundable.**

Signing and submitting this document, states that you have read and agreed to our FAM policy, in addition to the Terms & Conditions found at [www.alitours.com](http://www.alitours.com) and in your Alitours International Inc. Brochure.

SUBMITTED BY:

\_\_\_\_\_  
NAME (PLEASE PRINT)

\_\_\_\_\_  
SIGNATURE