Tour: Natural Wonders of Japan and Taipei

Departure Date: June 6, 2025

Group Name: Coleman Luxury Travel

Group Number: 1222455

Mayflower CRUISES & TOURS

For Reservations Contact:
Amanda Coleman - Coleman Luxury Travel
317-918-3705
amanda@colemanlt.com

Deposit Amount: $500 per person

Travel Protection Plan ___ Yes ___ No

Travel Protection Plan: $See Chart

Total Amount Enclosed: $_____

Final Payment Due By: January 27, 2025

Cruise & Air Price
$5,000 – $7,500: $499 TPP
$7,501 – $9,999: $599 TPP
$10,000 – $12,000: $799 TPP
$12,001 – $15,000: $999 TPP
$15,001 – $17,000: $1,199 TPP
$17,001 – $20,000: $1,299 TPP
$20,001– $25,000: $1,579 TPP
$25,001 – $30,000: $2,099 TPP

IMPORTANT: Please print your name EXACTLY as it appears on your passport. We require a copy of your passport within two (2) weeks of making your reservation. Name corrections, after final payment due date or after tickets have been issued, will result in additional fees being assessed.

YOUR INFORMATION

Salutation: ____ (Mr., Mrs., Rev) First: _____ Middle: _____ Last: _____ (Please print EXACTLY as it appears on Passport) Suffix: ____ (Jr., Sr.) Nickname: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Cell: _____ Email Address: _____

Passport Number: _____ Date of Issue: _____ Date of Expiration: _____

Issue City, State, Country: _____ Global Entry/TSA #: _____ Citizenship: _____

Date of Birth: _____ Place of Birth: _____ Gender: ☐Male ☐Female

Emergency Contact: _____ Relationship: _____ Phone: _____
Please provide contact information of person not traveling with you.

ROOMING WITH

Salutation: ____ (Mr., Mrs., Rev) First: _____ Middle: _____ Last: _____ (Please print EXACTLY as it appears on Passport) Suffix: ____ (Jr., Sr.) Nickname: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Cell: _____ Email Address: _____

Passport Number: _____ Date of Issue: _____ Date of Expiration: _____

Issue City, State, Country: _____ Global Entry/TSA #: _____ Citizenship: _____

Date of Birth: _____ Place of Birth: _____ Gender: ☐Male ☐Female

Emergency Contact: _____ Relationship: _____ Phone: _____
Please provide contact information of person not traveling with you.

Please advise your departure airport for this tour: _____ ☐Mayflower Air ☐Writing Own Air

PAYMENT INFORMATION

Make Checks Payable To: Mayflower Cruises & Tours

Mail Deposit To: Mayflower Cruises & Tours
650 Warrenville Rd, Suite 500
Lisle, IL 60532

Mail Final Payment To: SAME AS ABOVE

MC, VISA & DISC accepted

Credit Card #: _____

Security Code: _____ Exp. Date: _____

Cardholder Name & Billing Address:

_____

_____

_____

☐ Single ☐ Twin

Deck Number: ☐05 ☐06 ☐07 ☐08 ☐09

Category Code: _____ (example: DB)

Category: _____
(example: Deluxe Verandah)

We will make every effort to accommodate your preference of cabin category. All cabins are on a first come first serve basis.

Requested cabin #_____ 2nd Preference #_____

☐ One Bed ☐ Two Beds