RESERVATION FORM

Please complete this form

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Address: _____
If P.O. Box, we also need your street address for UPS.

City: _____ State: _____ ZIP: _____

Home Phone: ( ) _____ Work Phone: ( ) _____

Fax: ( ) _____ E-mail: _____

Please reserve _____ place (s) on the _____
Name of tour

( ) I would like single hotel accommodations for the additional cost quoted.

( ) I plan to share hotel accommodations with: _____

or

( ) I am willing to share with another participant ( ) Non-smoker
(Shares will not be guaranteed) ( ) Smoker

Enclosed is my check of $ _____ ($500 per person for _____ persons.

Please make check payable to: Universal Travel System Trust Account and return this completed form to P.O. Box 7050, Santa Monica, CA 90406-7050.

Please charge my deposit of $ _____ to ( ) AX ( ) Visa ( ) MasterCard

Credit Card # _____ exp. date: _____

I/we have read the conditions for the trip and agree to them.

Signature: _____ Date: _____

Signature: _____ Date: _____