

For reservations Airwave Travel requires this coupon with your nonrefundable deposit of **\$300 per person**, due at the time of booking. Optional Trip Protection Insurance additional at \$179 per person, and due at the time of deposit.

**Make checks payable to:** Airwave Travel      **Mail to:** 22347 La Palma Ave. #102, Yorba Linda, CA 92887

Full Name of passenger (must match Passport) \_\_\_\_\_

Nationality \_\_\_\_\_ Passport Number: \_\_\_\_\_

Passport Issuing Authority: \_\_\_\_\_ Passport Issue Date: \_\_\_ / \_\_\_ / \_\_\_ Passport Exp. Date: \_\_\_ / \_\_\_ / \_\_\_

Inbound Flight Arrival Details: 8/12/2013 UA934 Outbound departure details: 8/19/2013 UA935

Type of Room: Twin    Single    If TWIN room, provide name of roommate: \_\_\_\_\_

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_    Gender: M F

Street Address: \_\_\_\_\_  I am enclosing a deposit check for \$ \_\_\_\_\_

City/State/Zip: \_\_\_\_\_  I am paying via credit card. Please charge \$ \_\_\_\_\_

Daytime Phone: \_\_\_\_\_  Visa  MasterCard  American Express  Discover

Evening Phone: \_\_\_\_\_ Name on Card: \_\_\_\_\_

Email: \_\_\_\_\_ Card # \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Exp. Date: \_\_\_ / \_\_\_      Security Code: \_\_\_\_\_

Group Booking# 284529

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