



CHINA TRAVEL SERVICE (U.S.A.), INC.
 美國中國旅行社有限公司
 Affiliate of China Travel Service (H. K.) Limited



Tour Registration Form

Thank you for booking with China Travel Service. We also request a copy of your passport for purpose of making air reservations. Airlines request that the name on your ticket matches the name of your passport EXACTLY, including your middle name. If you do not give us a copy of your passport, and your ticket needs to be reissued later, you will be responsible for all change and /or cancellation fee.

Tour Name: _____ Departure Date _____ Departure City _____ Booking Agent: _____

Applicant # 1	Applicant # 2
Mr./Mrs./Ms. Last Name: _____ First Name: _____ Address: _____ City/State/Zip: _____ Home Phone: _____ Work Phone: _____ Fax Number: _____	Mr./Mrs./Ms. Last Name: _____ First Name: _____ Address: _____ City/State/Zip: _____ Home Phone: _____ Work Phone: _____ Fax Number: _____
Citizenship: _____ Passport No: _____ Place of Issue: _____ Issue Date: _____ Expire Date: _____ Date of Birth: _____ Place of Birth: _____ Smoking <input type="checkbox"/> Non-Smoking <input type="checkbox"/> * Emergency Contact: _____	Citizenship: _____ Passport No: _____ Place of Issue: _____ Issue Date: _____ Expire Date: _____ Date of Birth: _____ Place of Birth: _____ Smoking <input type="checkbox"/> Non-Smoking <input type="checkbox"/> * Emergency Contact: _____
I have read China Travel Service's Terms and Conditions and Understand that the deposit is non-refundable and that change and cancellation penalties apply.	I have read China Travel Service's Terms and Conditions and Understand that the deposit is non-refundable and that change and cancellation penalties apply.
Signature: _____ Date: _____	Signature: _____ Date: _____

<p>Accommodation Request (check one)</p> <p><input type="checkbox"/> Double Occupancy</p> <p>a) One Room with Two Beds</p> <p>b) One Room with One Double Bed (Subject to Availability)</p> <p><input type="checkbox"/> Single Occupancy</p> <p><input type="checkbox"/> Request Room Mate</p> <p><input type="checkbox"/> Triple Occupancy</p> <p>Non-Smoking rooms cannot be guaranteed at all hotels in All cities.</p>	<p>Special Requests:</p> <p>Please specify any other requirements (such as medical, dietary or personal requirements we should be aware of). Also indicate specific extensions or add - on services (hotel extensions, flight reservations, return stopovers, extension tours, etc).</p>
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For Travel Agent Use Only

Agency: _____ Agent: _____
 Address: _____
 Tel: _____ Fax: _____
 Email: _____