



Full-on ADVENTURE AND CULTURAL EXPERIENCES

July 9 – July 19

CANAM TRAVELS INC.

REGISTRATION FORM

\$3850 per person (land only)

Card Holder Information

Name of Card Holder: _____ Card Type: _____

Credit Card Number: _____ Exp. Date: _____

Security code: _____

Billing Address: _____

Phone Number: _____ Fax Number: _____

Company Name (if applicable): _____

Authorization

Name of Individuals/Group who will be permitted to charge to the above credit card:

Please check which a charges will be permitted:

_____ All Charges _____ Incidentals _____ Room and Taxes _____ Other

The credit card above may be used ONLY for the following dates (please indicate if the card is being used on an on-going basis): _____

I, _____ the designated card holder of the above listed credit card, authorize Canam travels Inc. to bill the above charges to my credit card to be used by the above mentioned individual(s)/Group and agree to pay any and all authorized charges incurred, plus 3.5%.

Signature of Cardholder: _____

Date: _____

chartierface2@gmail.com

If you have any questions, please contact us directly at (905) 259-4905