



CRUISE REGISTRATION FAX FORM

FAX TO: (617) 298-7349

E-MAIL TO: PROCESS@KIQTOURS.COM

Group Leader: KIQ Tours

TRIP NAME: HONDURAS – NEW ORLEANS CONFIRMATION # _____ (IF APPLICABLE)

Primary Traveler Name:

NAME _____ TEL #: _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

E-MAIL ADDRESS _____

Cabin Type: Inside Cabin ☐

Ocean View Cabin ☐

Balcony Cabin ☐

Suite Cabin ☐

Package Options: Air ☐

Pre-Cruise Hotel ☐

Post-Cruise Hotel ☐

Gratuities ☐

Transfers ☐

Insurance ☐

IMMIGRATION TRAVEL INFORMATION: (Required To Travel)

NUMBER OF GUEST IN ROOM INCLUDING YOURSELF: (CHECK ONE) ☐ 1 Single ☐ 2 Double ☐ 3 Triple ☐ 4 Quadruple

Your Name _____ DOB _____ Sex _____ Citizenship _____ Air City _____

Roommate #1 Name _____ DOB _____ Sex _____ Citizenship _____ Air City _____

Roommate #2 Name _____ DOB _____ Sex _____ Citizenship _____ Air City _____

Roommate #3 Name _____ DOB _____ Sex _____ Citizenship _____ Air City _____

T-shirt Size: SM _____ M _____ L _____ XL _____ XXL _____ 3X _____ 4X _____ 5X _____ 6X _____

Complete following section if you're adding amenities or upgrading cabin.

PAYMENT OPTIONS:

Credit Card: AMEX

DISCOVER

MASTERCARD

VISA

ACCOUNT #: _____ EXP. DATE _____ CVV2 # _____, (3 Digit # Back of D/MC/V Card)
(4 Digit # Front Right Amex Card)

Check Payment:

BANK NAME _____ CHECK# _____

ROUTING#: _____ ACCOUNT# _____

Payment For:

Yourself _____ AMT \$ _____ ☐ Payment

Roommate #1 _____ AMT \$ _____ ☐ Payment

Roommate #2 _____ AMT \$ _____ ☐ Payment

Roommate #3 _____ AMT \$ _____ ☐ Payment

Total Amount To Charge AMT \$ _____

SIGNATURE.

DATE

(I hereby authorize KIQ Travel Services D/B/A KIQ Tours and/or Carnival Cruise Lines to charge or debit my account in the above amount for travel. Furthermore in the event that I cancel my travel arrangements after the cancellation date prescribe by the terms and conditions of this tour, I authorize the above mentioned companies to hold my account liable for the charges due as a cancellation fee and authorize them to refund only the portion due back to me if applicable.)

(FOR OFFICE USE ONLY)

AUTHORIZATION No. _____ ORDER TAKEN BY: _____