



DURGAN TRAVEL SERVICE  
125 Main Street  
Stoneham, MA 02180

Tel: (781) 438-2224  
Fax: (781) 438-6772

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Dear Traveler,

Thank you very much for choosing to join Durgan Travel Service on this wonderful vacation!

Please review the enclosed confirmation/tour invoice carefully for its accuracy. Be sure to notify us immediately of any discrepancies.

**NOTE: U.S. Customs requires that your first and last name on your ticket match your first and last name on your passport. Given the space available to print on a ticket, we will not use your middle name. If a middle initial appears on your invoice, merely confirm that this is the first letter of your middle name as it appears on your passport.**

**Please fill out the enclosed passport form and return with your final payment.**

Make a note on your calendar to make your final payment on time, as we must make a full pre-payment to our land operators/suppliers well in advance!

#### **SEATING/DIETARY REQUESTS**

Please make your seating request or special dietary requests on the attached sheet. Send this with your final payment.

**We cannot guarantee your seating requests, but we are happy to send them to the airline, and they will try to meet your request, if possible. Please note that because this is a group tour, actual seat assignments are given out upon check-in. No seats are pre-assigned.** It is wise to check in as early as possible, to increase your chances of having your request met.

We send the air manifest to the airline **30 days prior to departure**, including all requests, with the expectation that our special requests will be met the day of departure.

#### **FINAL TOUR DOCUMENTS**

Final tour documents will be **mailed 2 weeks to 10 days prior to departure**. Please expect to receive your tour documentation, including your flight, hotel and daily itinerary information **one week** prior to departure.

If you are travelling on an international tour, **a valid US Passport is required**. If you are a citizen of another country please ensure that you have a valid passport with the proper visa documentation.

**\*\* Each client is responsible for having his/her own valid passport and associated documentation.**

Thank you for letting us be of service to you. We hope you have a wonderful vacation!

**PLEASE KEEP THIS LETTER FOR FUTURE REFERENCE**



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CRUISE TOUR

**PLEASE FILL OUT THE TOP HALF OF THIS FORM AND RETURN.  
YOU CAN DISREGARD THE BOTTOM HALF IF PAYING BY CHECK.**

MANDATORY INFORMATION:

NAME & BIRTH DATE: \_\_\_\_\_

U.S. CITIZEN: \_\_\_\_\_ [ ] Yes [ ] No

EMERGENCY CONTACT (NAME & PHONE NUMBER): \_\_\_\_\_

REQUESTS

DINING PREFERENCE: \_\_\_\_\_ 1<sup>ST</sup> SEATING; \_\_\_\_\_ 2<sup>ND</sup> SEATING  
(NORWEGIAN CRUISE LINES HAS FREESTYLE DINING.)

WITH WHOM WOULD YOU LIKE TO BE SEATING WITH :  
\_\_\_\_\_

SPECIAL REQUESTS: \_\_\_\_\_  
(Airline seating, dietary/medical requirements etc).

SPECIAL OCCASIONS: \_\_\_\_\_  
(Birthday, Anniversary etc.)

*A reminder that all requests should be received no later than 30 days prior to departure. Actual seat assignments for group tours are given out upon check-in at the airport.*

**Credit Card Information Only Required if Paying Balance Due  
With Durgan Travel Service by Credit Card.**

CREDIT CARD AUTHORIZATION

I, \_\_\_\_\_ (as it appears on your credit card) hereby authorize  
Durgan Travel Service to charge my :

CARD TYPE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

AMOUNT TO BE CHARGED: \_\_\_\_\_.

VISA, MASTERCARD, DISCOVER AND AMERICAN EXPRESS are accepted and are already reflected  
in the credit card price on your invoice.

CARD NUMBER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK: \_\_\_\_\_

DATES OF TRAVEL: \_\_\_\_\_ DESTINATION: \_\_\_\_\_