

ZTEC Registration/Credit Card Authorization Form
Print page, complete form by filling in the applicable fields and signing.
Fax/mail with payment to ZTEC

THIS SECTION TO BE COMPLETED BY THE REGISTRANT OR CARD HOLDER

(please print all information)

Event Date & Destination: _____

Passenger Name: _____

Passenger Name: _____

Passenger Name: _____

Passenger Name: _____

Email: _____

Persons per room/cabin (check one): Single Double Triple Quad Child

Room/Cabin Category: _____

Credit Card Information:

Cardholder (Name as printed on card - if paying by credit card): _____

Home Phone: _____ Work or Cell Phone: _____

Address: _____ Apt. _____

City: _____ State: _____ Zip: _____

Card #: _____ Security Code #: _____ *(code on reverse of card near signature block)*

Expiration Date: ____/____/____

Type of Card (circle one): Visa MasterCard AMEX Discover

Amount to Charge:\$ _____ or Payment Amount Enclosed \$ _____

Please initial and sign below indicating that you have read and understand the specified terms.

___ I understand that it is my responsibility to obtain the correct travel documentation (passport, visa identification) for the destination (s) to be visited.

___ I understand that the names printed on this invoice must match exactly the first and last names in each passport. Any discrepancy may result in cancellation, change fees, new and higher airfares or denial of services.

___ My payment and signature below constitute acceptance of above terms.

Cardholder's Signature: _____ Date: _____