

RESERVATION APPLICATION

Please return to:

Wendinger Travel
P.O. Box 386
New Ulm, MN 56073

Telephone: 507/359-3111
Toll-Free: 888/363-9104

Please reserve _____ places for me/us on the *Dreaming of the Hawaiian Islands* vacation.
Enclosed is my/our check in the amount of \$_____ (\$500 per person).

IMPORTANT: Please see the enclosed flyer for information regarding Travel Protection, and please complete the enrollment form on the reverse of this tour reservation application. **Please make checks payable to InterTrav Corporation.**

Please make checks payable to: **INTERTRAV CORPORATION**

Payments can be made by credit card; however, a 4% surcharge applies on all transactions.

Card Number: _____ Expiration Date: _____

Security Code: _____ Amount to Be Charged: _____

Signature: _____

Mr. Mrs. Ms. _____
(PRINT FULL NAME - IDENTICAL TO PASSPORT)

Mr. Mrs. Ms. _____
(PRINT FULL NAME - IDENTICAL TO PASSPORT)

Address _____

City _____ State _____ Zip Code _____

Telephone (_____) _____ (_____) _____
Area Code Home Area Code Cell

E-mail: _____

I will room with (if other than spouse) _____

Name(s) of other passengers you are traveling with _____

I do not have a roommate but will share. If a roommate cannot be found, I will pay the single supplement.

I desire single room accommodations (subject to availability) at the supplementary charge of \$960.

**PLEASE INCLUDE A COPY OF THE PHOTO PAGE OF YOUR PASSPORT WITH
YOUR RESERVATION.**