

**WENDINGER TRAVEL
RESERVATION APPLICATION**

Iceland: Land of Fire & Ice ~ August 25 – September 1, 2025

Please return to:

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

Telephone: 507/359-3111
Email: info@wendingertravel.com

Please reserve _____ places for me/us on the ***Iceland: Land of Fire & Ice*** vacation. Enclosed is my/our check in the amount of \$_____ (\$500 per person).

IMPORTANT: Please contact Wendinger Travel for information regarding Travel Protection.

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: _____

Amount to Be Charged: _____ Billing Address: _____

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: _____

Wheelchair at airport and/or special dietary needs: _____

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

☐ I desire single room accommodations (subject to availability) at the supplementary charge of \$890.

PLEASE ENCLOSE A COPY OF THE PHOTO PAGE OF YOUR PASSPORT