BikeToursDirect, LLC
1638 Berkley Circle
Chattanooga, TN 37405
Phone: 1-877-462-2423
International: 1-423-756-8907
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Austria Adventure Week

Booking Request

Book by March 31, and save $100!

To book space on Austria Adventure Week, please mail or fax this booking request (address and fax number at top right). Within 3-4 days of receiving your booking, we'll send you a confirmation and charge your credit card a deposit of US$200. (You may also submit this booking request with a check for $200.) Your balance is due July 1, 2009.

If you cancel by April 30, you will receive 50 percent refund of your deposit. After that and through June 30, the cancellation fee is $200. From July 1-31, the cancelation fee is 50% of the tour cost. After August 1, there are no refunds. We strongly encourage the purchase of travel insurance. Please review the website at www.austria-adventure-week.com for further terms and conditions.

Please contact us with questions at 1-423-756-8907.

CONTACT INFORMATION

First Name:_____ Last Name:_____
(as you prefer to be called)

Address:_____

City:_____ State:_____ Zip:_____

Country:_____

Daytime Phone:_____ Cell Phone:_____

Fax:_____ Email Address:_____

ROOMING INFORMATION (all rates are per person)

Early-Bird Discount: Deduct $100 if booked before March 31, 2009.

___Double rooms	€1,077 ($1,387)
___Shared double room (with roommate)	€1,077 ($1,387)
___Single room	€1,167 ($1,517)
___Shared triple room (with roommates)	€1,077 ($1,387)

EXTRA NIGHTS (IF DESIRED)

___extra night(s) in Leogang (double)	€65 ($80)
___extra night(s) in Leogang (single)	€75 ($98)
___extra night(s) in Salzburg (double)	€93 ($121)
___extra night(s) in Salzburg (single)	€137 ($178)

Number of Nights Before Your Tour: ___
City:_____
Arrival Date:_____
Departure Date:_____

Number of Nights After Your Tour: ___
City:_____
Arrival Date:_____
Departure Date:_____

TRAVELER INFORMATION
Please list the names of all travelers in your party (for whom you are booking and paying).

Name:_____

Name:_____

Name:_____

If you are in a double or triple, please list the name of your roommate(s), if known:

Name:_____

Name:_____

__Please try to match me with a roommate. (Single supplement applies if we can't.)

PAYMENT INFORMATION
___My deposit check for US$200 is enclosed.
___Please charge my US$200 per person deposit to the following credit card (with no service fee).

Cardholder Name: Card Type:

Card Number: Expiration Date: 3-Digit Code:

_____ Please charge my credit card for the final payment 60 days before my tour begins. I understand that a 4% service fee will be added to the total tour cost.

_____ I prefer to send a check for the balance. I understand that my credit card will be charged if my check is not received by the payment deadline.

_____ I have read and agree to the Terms and Conditions of BikeToursDirect/Austria Adventure Week.

Signature: Date:

AIR FARE QUOTATION
We work closely with Nonstop Travel, which is often able to get excellent and, in some cases, reduced air fares for our clients. Please check "Yes" if you'd like an agent to contact you. Or call 1-800-949-6362.
_____ Yes (Phone) _____ Yes (E-mail) No, thanks _____

COMMENTS

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