



# RESERVATION REQUEST



*Destination Iceland: Planning, Coordinating and Booking Services for Individual, Group and Business Travel to Iceland*

**Names (as it appears on Passport):** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City, State, and Zip Code:** \_\_\_\_\_

**Country:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Fax #:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**IST Tour # or Tour Name:** \_\_\_\_\_

**Departure Date:** \_\_\_\_\_ **Number of Passengers:** \_\_\_\_\_

**Flight requirements: Economy:** \_\_\_\_\_ **or Business Class:** \_\_\_\_\_

**Seating preference:** \_\_\_\_\_

**Other instructions, special meals required, etc.:** \_\_\_\_\_

**Iceland only?** \_\_\_\_\_

**Iceland, Faroe Islands, Greenland and Europe (list cities):**

**US Departure airport:** \_\_\_\_\_

**Do you require flights from your home airport?** \_\_\_\_\_

**If your return flight from Europe lands too late for a connection, are you willing to overnight at the US airport city?** \_\_\_\_\_

**Accommodations preferences: Double room with private bathroom** \_\_\_\_\_

**Double room with shared facilities** \_\_\_\_\_

**Single room with private bathroom** \_\_\_\_\_

**Single room with shared facilities** \_\_\_\_\_

**Other** \_\_\_\_\_

**Payment (indicate dates if payments are due in future):**

50% deposit due upon booking. Final payment due 60 days before departure.

Deposit amount enclosed \_\_\_\_\_ or Final amount enclosed \_\_\_\_\_

Check enclosed: \_\_\_\_\_

**Credit Card Type (Visa, Master Card, American Express, Discover):**

**Name as it appears on Credit Card:** \_\_\_\_\_

**Credit Card #:** \_\_\_\_\_

**Credit Card Expiration Date:** \_\_\_\_\_

**INSURANCE:** Insurance is strongly recommended to protect your investment. A travel insurance coverage application and price list provided by Travel Guard International will be mailed to you upon receipt of deposit.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Iceland Saga Travel, LLC.**

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