Vision
ATLANTIC VACATIONS
Atlantic Canada Premier Travel Experts

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To book your reservation please complete & return by fax or scan and email.

Title:	First Name:	Last Name:	Age:	Date of Birth:	Lead Name Address:
					Home Tel No:
					Cell No:
					Fax Number:
					E-mail:

(Please note names should be as per passport or photo ID)

Total Number in Party:

Special Requests:

Booking Details:

Payment Details: (Please √)

CARD TYPE: VISA			**MASTERCARD**	

CARD NUMBER:																		

CARD HOLDERS NAME:

EXPIRY DATE:		

CARD HOLDERS SIGNATURE:

3 DIGITS ON BACK:			

Confidentiality Agreement.
With regard to the provisions of the Privacy Act, I hereby give my permission for Vision The Atlantic Canada Co. Incorporated to maintain personal information already on file, and to collect further information for the purpose of contacting me by mail, fax, telephone and/or email with relevant information on special offers and promotions. We guarantee that your personal information will not be disclosed to any other parties.
Should you wish NOT to be notified of future promotions or special offers please **X**

I have read and understand the terms & conditions listed by Vision The Atlantic Canada Co. I agree to accept the terms and conditions as stated on behalf of myself and all others named on this booking form. I am over 18 years of age and authorize Vision The Atlantic Canada Co. Incorporated to take deposit payment today and balance payment 6 weeks prior to travel date.

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Name Signature Date