



235 Main Street, Ste 202 Hackensack, NJ 07601  
 Tel: 201 678 0304 – Fax: 201 678 0077  
 Email: info@sti-travel.com

## Egypt & Turkey FAM Trip

May 6-16, 2012

**Cairo, Aswan, Com Ombo, Edfu, Luxur, Istanbul**

3 Nights accommodations in Cairo, 3 Nights accommodations on 5\* Deluxe Nile Cruise &  
 3 Nights accommodation in Istanbul

### Sharing a Double Room

## Registration Form

**Passport First Name \*** ..... **Passport Last Name \*** .....

**Companion First Name** ..... **Companion Last Name** .....

(\$250 Supplement, Only one companion is allowed)

**Companion is a Travel agent:** ( ) Yes ( ) No

**Single Room** ( ) Yes ( ) No

**Agency Name \*** .....

**IATA # \*** ..... (Numbers Only)

**Email \*** ..... **Phone \*** .....

**Address \*** .....

**City \*** ..... **State** ..... **Zip Code\*** .....

\* Indicate required fields

### Notes:

1. Please print and fill Credit Card form below.
2. Limited only to bona fide Travel Agents in the USA.
3. Send/Fax it to us together with:
  - Original travel agency introductory letter.
  - Copy of your I.A.T.A.N photo ID.
  - Travel agency's I.A.T.A.N, CLIA or ARC personnel listing 2012 with your name.
4. Will not be able to accept any registrations if any of the above requirements are not submitted.

**For more information contact us at 1-800-570-0304**





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### Credit Card Payment Form

THIS SECTION TO BE COMPLETED BY THE CARD HOLDER

Passenger name(s) .....

Reservation ID .....

Amount Agreed: \$ .....

Cardholder ..... (Print name)

Cardholder billing address: \* .....

City \* ..... State ..... Zip Code\* .....

Home Phone ..... Cell Phone .....

Card # ..... Security Code# ..... Expiration Date ..... / .....

Type of Card    ( ) VISA                    ( ) Master Card                    ( ) AMEX                    ( ) Discover

By signing below, I authorize STI Travel to charge this credit card and I acknowledge that I have read and understood all Terms and Conditions of STI as indicated in the brochure or web site and agree to all of them, and that I have been advised about STI's Travel Protection Plan.

Cardholder's Signature ..... Date ..... / ..... / .....