

Registration Form

Please complete and forward to the attention of **Jim Silva** at:
1133 Melville Street, Suite 600 Vancouver BC V6E 4E5 or fax to **(604) 642-4265**

GROUP NAME **GROUP CODE**
NAME (as it appears on passport): **TITLE:**

LAST, First, Initial

DATE OF BIRTH 19
HOME ADDRESS
CITY/TOWN
STATE **ZIP**
EMAIL, Residence
PHONE, Res. -
EMAIL, Business
PHONE, Mobile -
PHONE, Bus. - **EXT:**

TRAVEL ARRANGEMENT INFORMATION

<input type="checkbox"/>	<input type="text"/>	AMOUNT	<input type="text"/>	<input type="text"/>	CHARGE DATE	<input type="text"/>	PAYMENT VIA	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	AMOUNT	<input type="text"/>	<input type="text"/>	CHARGE DATE	<input type="text"/>	PAYMENT VIA	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	AMOUNT	<input type="text"/>	<input type="text"/>	CHARGE DATE	<input type="text"/>	PAYMENT VIA	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	AMOUNT	<input type="text"/>	<input type="text"/>	CHARGE DATE	<input type="text"/>	PAYMENT VIA	<input type="text"/>

TOTAL AMOUNT*

**Checks payable to FCm Travel Solutions*

AUTHORIZATION FOR CREDIT CARD CHARGE - Please complete if credit card payment selected above.

I/WE **HEREBY AUTHORIZE FCm TRAVEL SOLUTIONS TO**
(Cardholders name as it appears on card)

DEBIT MY/OUR **WITH CARD NUMBER** **& EXPIRY DATE**

WITH THE AMOUNTS DETAILED ABOVE AS "CREDIT CARD" PAYMENT.

Credit Card billing address
street address, city/town, state, zip code.

TRAVELLERS FOR ABOVE CHEQUE/CREDIT CARD CHARGES:

Name & Relationship Name & Relationship

1. Additional identification – A photocopy of your driver's licence or other government issued photo ID is required for comparison in addition to front and back of credit card.
2- Credit Card Chargeback – If for any reason, any travel service provider is unable to provide the service for which was contracted, your remedy lies against that provider & not with FCm Travel Solutions.

In the event that payment has been made to FCm Travel Solutions by credit card you agree that you will not seek to charge back your payment to FCm Travel Solutions.
3. Declined Card – If the credit card is declined, you guarantee that you will settle any amounts owing to FCm via money order or cash within two working days notification.

I/we authorize FCm Travel Solution to charge the above credit card to the purpose of payment of any travel arrangements made with FCm Travel Solutions for self and accompanying travelers and agree to the above conditions.
I/we have read the attached Terms & Conditions and Release and agree to be bound hereby.

Registrant Signature **Cardholder Signature**