



Registration Form

Please complete this form and return it to Cuisine Adventure Tours within 14 days of paying your deposit. In the event the Registration Form is not received with the 14 day period, your booking may be cancelled in which case you will forfeit your deposit.

Address:
Cuisine Adventure Tours
P.O. Box 714
La Crosse, WI 54602

Please note that this information will be used to make travel arrangements within Vietnam such as air travel and hotels.

If you have any questions, please contact Tan Pham at (608) 317-9198.

By submitting this document, you agree to the Booking Conditions and FAQs and that all of the information contained herein this document is accurate and complete.

Trip Date: _____

Number of Attendees: _____

Please complete the following attendee information sheets for each trip attendee.

Attendee 1

First Name: _____ Middle Name: _____

(as shown in passport)

(as shown in passport)

Last Name: _____

(as shown in passport)

Email Address: _____

Phone Number: _____ Cell Phone Number: _____

Preferred method of contact: _____

Address: _____

City: _____ State: _____

Zip code: _____ Country: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

Passport Number: _____

Nationality on passport: _____

Country of issue: _____

Date of birth (mm/dd/yyyy): _____

Place of birth: _____

Date of issue (mm/dd/yyyy): _____

Date of expiration (mm/dd/yyyy): _____

Sex: Male Female

Passport must be valid for at least 6 months after the return date of the trip.

Any special dietary needs or constraints?

Any medical conditions we should be aware of?

Would you like your own room? (\$720 USD per person, subject to availability): Yes No

Airport pickup? Yes No

Airport drop off? Yes No

Attendee 2

First Name: _____ Middle Name: _____

(as shown in passport)

(as shown in passport)

Last Name: _____

(as shown in passport)

Email Address: _____

Phone Number: _____ Cell Phone Number: _____

Preferred method of contact: _____

Address: _____

City: _____ State: _____

Zip code: _____ Country: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

Passport Number: _____

Nationality on passport: _____

Country of issue: _____

Date of birth (mm/dd/yyyy): _____

Place of birth: _____

Date of issue (mm/dd/yyyy): _____

Date of expiration (mm/dd/yyyy): _____

Sex: Male Female

Passport must be valid for at least 6 months after the return date of the trip.

Any special dietary needs or constraints?

Any medical conditions we should be aware of?

Would you like your own room? (\$720 USD per person, subject to availability): Yes No

Airport pickup? Yes No

Airport drop off? Yes No

Attendee 3

First Name: _____ Middle Name: _____

(as shown in passport)

(as shown in passport)

Last Name: _____

(as shown in passport)

Email Address: _____

Phone Number: _____ Cell Phone Number: _____

Preferred method of contact: _____

Address: _____

City: _____ State: _____

Zip code: _____ Country: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

Passport Number: _____

Nationality on passport: _____

Country of issue: _____

Date of birth (mm/dd/yyyy): _____

Place of birth: _____

Date of issue (mm/dd/yyyy): _____

Date of expiration (mm/dd/yyyy): _____

Sex: Male Female

Passport must be valid for at least 6 months after the return date of the trip.

Any special dietary needs or constraints?

Any medical conditions we should be aware of?

Would you like your own room? (\$720 USD per person, subject to availability): Yes No

Airport pickup? Yes No

Airport drop off? Yes No

Attendee 4

First Name: _____ Middle Name: _____

(as shown in passport)

(as shown in passport)

Last Name: _____

(as shown in passport)

Email Address: _____

Phone Number: _____ Cell Phone Number: _____

Preferred method of contact: _____

Address: _____

City: _____ State: _____

Zip code: _____ Country: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

Passport Number: _____

Nationality on passport: _____

Country of issue: _____

Date of birth (mm/dd/yyyy): _____

Place of birth: _____

Date of issue (mm/dd/yyyy): _____

Date of expiration (mm/dd/yyyy): _____

Sex: Male Female

Passport must be valid for at least 6 months after the return date of the trip.

Any special dietary needs or constraints?

Any medical conditions we should be aware of?

Would you like your own room? (\$720 USD per person, subject to availability): Yes No

Airport pickup? Yes No

Airport drop off? Yes No

Attendee 5

First Name: _____ Middle Name: _____

(as shown in passport)

(as shown in passport)

Last Name: _____

(as shown in passport)

Email Address: _____

Phone Number: _____ Cell Phone Number: _____

Preferred method of contact: _____

Address: _____

City: _____ State: _____

Zip code: _____ Country: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

Passport Number: _____

Nationality on passport: _____

Country of issue: _____

Date of birth (mm/dd/yyyy): _____

Place of birth: _____

Date of issue (mm/dd/yyyy): _____

Date of expiration (mm/dd/yyyy): _____

Sex: Male Female

Passport must be valid for at least 6 months after the return date of the trip.

Any special dietary needs or constraints?

Any medical conditions we should be aware of?

Would you like your own room? (\$720 USD per person, subject to availability): Yes No

Airport pickup? Yes No

Airport drop off? Yes No

Attendee 6

First Name: _____ Middle Name: _____

(as shown in passport)

(as shown in passport)

Last Name: _____

(as shown in passport)

Email Address: _____

Phone Number: _____ Cell Phone Number: _____

Preferred method of contact: _____

Address: _____

City: _____ State: _____

Zip code: _____ Country: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

Passport Number: _____

Nationality on passport: _____

Country of issue: _____

Date of birth (mm/dd/yyyy): _____

Place of birth: _____

Date of issue (mm/dd/yyyy): _____

Date of expiration (mm/dd/yyyy): _____

Sex: Male Female

Passport must be valid for at least 6 months after the return date of the trip.

Any special dietary needs or constraints?

Any medical conditions we should be aware of?

Would you like your own room? (\$720 USD per person, subject to availability): Yes No

Airport pickup? Yes No

Airport drop off? Yes No