



Epic Photographic Journeys Across The Globe 2016 ICELAND – Unrivalled Beauty

Join us with professional photographer Dee Ann Pederson!

Also included: Native Icelandic Tour Guide / Host / Photographer

To insure a sense of community and a unique personal experience, our group sizes are limited.

REGISTRATION FORM

Name of person traveling <i>(Full name as it appears on your passport)</i>			
Address:			
Phone Numbers:	Day Time:	Evening Phone:	
Email:			
About You:	Age:	Occupation:	Years Photographing:
How did you hear about this trip?	<input type="checkbox"/> Nature Photographer Magazine <input type="checkbox"/> Email <input type="checkbox"/> Other _____		

14 Day Photographic Journey July 19 – August 1, 2016 Maximum 7 Guest

- Trip Cost: \$ 8,650*
- Single Supplement:.....\$ 1,350
- 50% Deposit Required:\$ 4,325
- 50% Deposit Required for Single Supplement:....\$ 675

Complete Itinerary & Details:

www.windowsofnature.com/travel/iceland2016.aspx

**Includes not only lodging, meals, non-alcoholic beverages, guides and vehicle, but also ALL gratuities for guide / driver / Hrifunes Guest House / lodge meals.*

- I am traveling alone and would like to share a room. If possible, please assign a roommate. I understand that in the event there is no roommate available, the single supplement will apply.
- I would like to room alone and pay the additional single supplement. Single rooms are on a first come basis.

<input type="checkbox"/> 50% Deposit Payment by Credit Card		
Card Holder's Name:	Card Number: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card	Expiration Date: ____/____/____
Billing Address: If different than above		Fax Form to: 713.521.4546
<input type="checkbox"/> 50% Deposit Payment by Check (Make check payable to Windows of Nature by Dee Ann, LLC)		

Special Note: Payments after the initial 50% deposit MUST be paid by check or money order.

Your signature below authorizes us to book your reservation(s). It also authorizes Windows of Nature by Dee Ann LLC to execute the amount above to the credit card you have provided for your 50% deposit.

Signature Required **X** _____ Date: _____