



Heartlands of India

Cave Temples and Fallen Empires – led by Dr Robert DeCaroli

January 6-19, 2024

Please send REGISTRATION FORM with payment to

397 CRANBROOKE AVE., TORONTO M5M 1N4

Email: shila@eyhotours.com Tel: 1-647-801-EYHO/1-647-2823002 www.eyhotours.com

Name _____
(As it appears on your passport)

Address _____

Province/State _____

Postal/Zip Code _____

Phone (work) _____

Phone (home) _____

Email _____

Emergency Contact _____

Phone _____

Heartlands of India: Cave Temples and Fallen Empires

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- Details per attached itinerary

Double occupancy USD 4950 pp _____

Single supplement (limited availability) USD 1320 _____

- Tour operator E.Y.H.O. Tours accredited by Travel Industry Council of Ontario TICO licence # 50023991

- Please refer to [additional terms and conditions](#).

Payment

USD cash, wire, personal cheque, banker's draft to EYHO Tours Inc.

Other payment options – see [info](#).

USD 800 due at registration. Balance due Sept 6, 2023.

Cancellation policy

More than 120 days before departure: full refund less \$150 admin fee

Less than 120 days before departure: tour cost is 40% non-refundable

59 – 45 days before departure: tour cost is 60% non-refundable

44 – 29 days before departure: tour cost is 90% non-refundable

Less than 30 days: 100% non-refundable

Refunds cannot be made for domestic flights. The Company reserves the right to retain an administration fee of USD 100.

Insurance Policy

The tour operator recommends trip interruption/cancellation and medical travel insurance. Please initial if you will waive insurance _____

Passport No. _____

Country of Citizenship _____

Date/Place of Issue _____

Date of Expiry _____

Day/Month/Year of Birth _____

Travel Insurance Details: (can be supplied later) _____

Insurance No. _____

Are you physically and emotionally capable for this journey? _____

If no, please provide details _____

ARRIVAL MUMBAI: _____ (can be supplied later)

Airline Name _____ Flt. # _____

Date _____ Time _____

DEPARTURE GOA/MUMBAI _____

Airline name _____ Flt. _____

Date _____ Time _____

Any dietary restrictions/allergies? _____

Rooming request _____

Signature _____

PRINT NAME _____

Date _____

Thank you!