



TRAVELER PASSPORT INFORMATION

1841 Front Street, Suite A | Lynden, WA 98264
Tel. 360-988-2212 | Fax 360-988-8412

Please type or print clearly the following information and forward to Alluring Asia, as soon as possible.

One registration form is required **per passenger or couple**.

Departure Date

		/			/				
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Street Address

City/State

Zip

Home Phone

Business Phone / Fax

Occupation

Business Phone / Fax

PASSENGER #1 ☐ MR. ☐ MRS. ☐ MS.

First Name:

Middle Name:

Last Name:

Passport #

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Date of Issue

		/			/				
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Expiration Date

		/			/				
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Passenger Date of Birth

		/			/				
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Passenger #1 place of birth

Citizenship

PASSENGER #2 ☐ MR. ☐ MRS. ☐ MS.

First Name:

Middle Name:

Last Name:

Passport #

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Date of Issue

		/			/				
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Expiration Date

		/			/				
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Passenger Date of Birth

		/			/				
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Passenger #2 place of birth

Citizenship

In Case of Emergency

Name

Relationship

Home Phone

Business Phone / Fax

Street Address

City/State

Zip

Please do not send us your passport