



RESERVATION FORM

THE ART OF LIVING TOURS
Treasures of Southern India : January 4-22, 2007
Extension to North India : January 22-30, 2007

NAME(S): 1. _____
(Last name – as shown in the passport) (First name – as shown in the passport)

2. _____

ADDRESS: _____

TEL: (H) _____ (O) _____

Fax # _____ E-Mail: _____

We are taking the Main Tour only. We are taking the North India Extension also.

We wish double-room occupancy.

I wish single occupancy. I understand that there is a supplemental charge and limited availability.

I wish a twin room; my roommate's name is _____

I desire assistance in finding a roommate. I understand that if none can be found, I will be charged the single rate.

WAIVER OR LIABILITY:

I/we have read the schedule of activities and other information including Cancellation and Responsibility for The Art of Living Tours Southern India Tour 2007 and accept all risks thereof. I understand and agree on behalf of myself, my dependents, heirs, administrators, and assigns to abide by the conditions set forth under "Responsibility" and to release and hold harmless International Ventures and Travel, Inc. (IVAT) and any of their officers, employees, agents, licensees, or representatives, from any and all liability for delays, injuries, or death, or for the loss of or damage to property, however occurring in relation to this India Tour. By signing this, I also certify that I do not have any mental or physical condition that would create a hazard for myself or other passengers.

Signature: _____ Date: _____

Signature: _____ Date: _____

Note: Each participant must sign this statement.

Please send to:

International Ventures and Travel Inc, 224 West 35th Street # 1401, New York, NY 10001-2507.
Telephone: (212) 947 7075 & (800) 338-2624. Fax: (212) 563-7048.

Note: Reservation Form must be accompanied by a \$800 per person check made out to International Ventures and Travel, Inc.