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Agency Name:				IATAN/CLIA #			
Agent Name:							
Address:	Last			First		M.I.	
	Street Address	;				Suite #	
	City				State	ZIP Code	
Office Phone:			Cell	Phone:			
Email:							
	Agent &	Companion	Information (as it a	appears or	n your passp	ort)	
Agent Name:							
	Last				First		M.I.
Gender:	Female	Male	Date of birth	(mm/dd/yyyy	y):		
Passport Number:			Expiration Date	e:			
Companion Name:_							
	Last				First		M.I.
Gender:	Female	Male	Date of birth	(mm/dd/yyyy	y):		
Passport Number:			Expiration Date	te:			
			Flight Information				
Arrival flight to Char	ngsha (CSX):						
Airline:	Flight No:		Arrival Time:				
Departure flight from Changsha (CSX):							
Airline:	Flig	ht No:	Arrival Time:				
			Payment Informat	ion			
			mount below to be charg g the penalties for cance	ged to my cr			ed the
Name on card:							
Card Number:				Expiration Date :			
Amount to be charge	ed :			S	ecurity Code:		
Billing Address :				Signatu	re:		
	Street Address						
City		State	z ZIP Code	Date :			