



- TRAVELER INFORMATION FORM -

Fashion Perspective Tours Destination: \_\_\_\_\_

Travel Dates: \_\_\_\_\_

Full Name (as it appears in your passport): \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone including area code: \_\_\_\_\_

Work Phone including area code: \_\_\_\_\_

Email: \_\_\_\_\_

Room mate(s): \_\_\_\_\_

Please fill out all fields of this interactive pdf form, print and mail with deposit to:

Pam Sexton  
Fashion Perspective Tours  
100 East Main Street  
Richmond, VA 23219-2112

Make checks payable to: *Fashion Perspective Tours*