

Reservation Form

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ e-mail: _____ Fax: _____

DEPOSITS:

Method of payment:

Check/money order _____ Credit Card _____ Expiration Date: _____

My \$350 PER PERSON DEPOSIT is enclosed for the *Stockholm Explorer*
____ Dates: April 16 - April 22

My \$350 PER PERSON DEPOSIT is enclosed for the *Scandinavian Highlights*
____ Dates: June 6 - June 16

My \$350 PER PERSON DEPOSIT is enclosed for the *Scandinavian Adventure*
____ Dates: June 15 - July 30

My \$350 PER PERSON DEPOSIT is enclosed for the *Sweden Highlights*
____ Dates: June 19 - July 1

My \$350 PER PERSON DEPOSIT is enclosed for the *Sweden's Backroads*
____ Dates: July 14 - July 26

My \$350 PER PERSON DEPOSIT is enclosed for the *A Visit to Värmland*
____ Dates: July 30 - August 7

My \$350 PER PERSON DEPOSIT is enclosed for the *Scandinavian Delights*
____ Dates: September 4 - September 14

My \$350 PER PERSON DEPOSIT is enclosed for the *A Swedish Christmas Sampler*
____ Dates: December 10 - December 18

I/we wish to have: Double ____ Single ____ Triple ____ accommodations.

____ I would like you to secure a roommate for me. I have enclosed information about myself.

____ I/we want to travel early or stay in Scandinavia independently after the tour. Give details on a separate page.

ANDERSON SCANDINAVIAN TOURS
120 West Lincoln Street
PO Box 151
Lindsborg, KS 67456

1-888-868-7793
e-mail: tourinfo@toursweden.com
web site: www.toursweden.com