



**Booking Reference:**

Mr.Dr.Mrs.Miss.Ms. \_\_\_\_\_ First Name \_\_\_\_\_

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

\_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ email \_\_\_\_\_

Airport of Arrival \_\_\_\_\_ Flight No. \_\_\_\_\_ Time \_\_\_\_\_ Date \_\_\_\_\_

Names of other participants traveling with this booking form:

1)

2)

3)

4)

Hotel Accommodation

Insurance

WASINKU programs include a basic insurance coverage for its clients valid only in Ecuador.

Please inform us your insurance company: \_\_\_\_\_

Policy number \_\_\_\_\_

*I confirm that I have read and accept WASINKU terms and conditions and that I am authorized to accept these terms and conditions on behalf of all other people included in this booking.*

SIGNATURE

\_\_\_\_\_