



Email the Following Documents to Odysseys-L	<u> Jnlimited@G3visas.com</u>
 Completed Turkey eVisa Questionnaire (one per guest). A copy scan of the information/photo page of your original pages marked "Visas" side by side and more than six mo This cover sheet with all fields completed. Only one cover 	nths before expiry.
***Please provide a scanned copy of your confi	rmed Flight Itinerary. ***
Your Turkey eVisa will be sent to you via email. Allow 1-3 busin Please apply for your visa 60-75 days ahead of departure.	ness days for your visa to be completed and emailed to you.
Order Information - If you have not placed your order	r online, complete the form below.
Contact and Shipping Information: Provide a street address for FedEx delivery - no P.O. boxes. Name Address	Fees: Payment includes consular fees, G3 service fees, and return delivery via email. Requirements and fees are subject to change without notice. Visas will be valid for multiple entres to Turkey with a 90 day stay, and will be valid for 180 days after the date of issuance.
City State Zip	Select one: FEE # Travelers TOTAL
Daytime Telephone	□ Turkey eVisa 1-3 Business Day Processing \$101.50 X =
MobileTelephone	
Email	Payment Information: All fees are payable to G3 by: • Credit Card: American Express, Visa, or MasterCard • Check or Money Order payable to G3 Global Services For Payment Via Credit Card:
Travel Information:	I authorize G3 to charge the amount of \$ to my credit card
Date of US Departure//	Visa/MasterCard:
Date eVisa Needed / /	Exp. Date: / Security Code: OR
Names of additional travelers in your family group:	
	American Express: UUUU-UUUUU-UUUU
	Exp. Date: / Security Code:
Special Notes: Delivery instructions, additional services, etc.	Name as it appears on the card
	Billing Address
	City State Zip
	Signature





eVISA QUESTIONNAIRE TURKEY

Email the following to eVisa@g3visas.com:

- This completed questionnaire. You may save your answers on this file and email directly to G3. All questions must be answered in order for G3 to complete your application accurately.
- A clear color scan of the information/photo page of your valid passport.

Your Citizenship:	USA	Other:					
Earliest Date You Might Er	nter Turkey: /	 Month	/ Year				
Purpose of Visit:	Business Flight Crew		Tourist Other:				
Specific Purpose of Visit (i.e. business meetings, tour group, etc.):							
Last Name:							
First Name:							
Middle Name:							
Gender:	Male (Female					
Date of Birth:/	Month Yea	 ar					
Country of Birth:	USA	Other:					
Place of Birth: City:			Sta	nte:			
Your Mother's Full Name (maiden name, if app	olicable):					
Your Father's Full Name:							
OUR PASSPORT DET	AILS:						
Passport Number:							
Issuing Authority:	US Departmen	t of State	Other	: 			
Date of Issue://	Month Yea	 ar	Date of E	xpiry: /	Month	./ Year	
OUR CONTACT INFO	RMATION:						
Home Address:							
City:			State:		Zip Co	de:	
Homo Tolophono:							