36207

Travel & Company℠ Group Leader Registration Form

Office Use Only

This form must be completed by the Group Leader and returned to Travel & Company with your group's first applications. Please print in CAPITAL LETTERS and fill in circles completely (ex: ●). Do not staple anything to this form. Please use black or blue ink.
Return this form to Travel & Company, 343 Congress Street, Suite 3100, Boston, MA 02210

Program Selection

Group # _____ Preferred Departure Date ___/___/____ (MM/DD/YYYY) _____ Program Name

Preferred departure city _____ How many miles are you from your departure city? _____

My routing request would be to fly into _____ and return from _____

(Please note that T&C may need to change the routing of the trip due to flight and/or hotel availablity. Your tour consultant will notify you if this is the case.)

Please indicate any extra days shown as available on the trip page, in which ALL your group members will participate _____

My group will purchase an extra day or extension at (fill in one) ○ beginning of trip ○ end of trip ○ does not matter

Who is your Travel & Company Tour Consultant? _____

Group Leader Information

○ Mr. ○ Ms. ○ Mrs. ○ Dr. ○ Br. ○ Sr. ○ Fr. ○ Rev. Gender: ○ M ○ F

Name Last (as it appears on passport) _____ First (as it appears on passport) _____

Address _____

City _____ State _____ Zip Code _____

Home Telephone ___-___-____ Social Security # ___-__-____

Fax ___-___-____ Birthdate __-__-____ (MM-DD-YYYY) Age ____

Email _____

○ I have led a group overseas before with _____ (Company Name)

You are guaranteed accommodations in a single room if you have a group of 10 or more full-paying participants.

○ I (will) qualify for a free single room ○ I would like to pay a $30 per hotel night surcharge to guarantee a single room.

○ I am traveling with a companion and prefer to room in a ○ double room ○ twin room with: _____

Please be sure to enclose companion's application if not already enrolled.

○ I would like Travel & Company to book me from a DIFFERENT US departure city than that of my group: _____

Emergency Contact: In the US while overseas

Name _____ Phone ___-___-____

Group Information

Anticipated group size _____ Your group is made up of (fill in all that apply): ○ Adults ○ Families

Projected # of Participants _____ Projected # of Assistants _____

Signing and submitting this form acknowledges your acceptance of Travel & Company's Terms and Conditions as well as the group leader duties and responsibilities described in the *Group Leader Workbook* and the *Travel & Company Registration Booklet* . If you have not received these booklets, please request a copy from your tour consultant.

Group Leader Signature _____ Date _____