Travel & Company℠ Registration Form

Office Use Only

31307

Please use blue or black ink, print in CAPITAL LETTERS and fill in circles completely (ex: ●). Do not staple anything to this form.
Please return form to: Travel & Company, 343 Congress Street, Suite 3100, Boston, MA 02210

Program Selection:

Group Leader's Last Name

Group #

Departure Date ___ / ___ / ____
MM/DD/YYYY

Program Name

Personal Information

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

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

Address

City State Zip Code

Home Telephone Birthdate MM/DD/YYYY ___ / ___ / ____ Age

Participant Email

Emergency Contact: In the US while on tour

Name Telephone

Rooming and Additional Options: Please fill in all that apply.

○ I am traveling with a companion and wish to room in a ○ double room ○ twin room with (name): _____
○ I wish to pay a surcharge for a single room (where available).
○ I will book my own round-trip transportation. I do not wish Travel & Company to book my air transportation. (I will make my own way to / from my hotel.)
○ I would like to extend my stay after the trip. (A form will be sent to you about alternate returns. Western Europe Only.)
○ I would like Travel & Company to book me from a DIFFERENT US departure city than that of my group: _____

Protection Plan: If undecided, please see page 3 or visit www.travelandcompany.com/resources/pretrip/insurance.cfm for more information.

○ Yes, sign me up for the Ultimate Protection Plan (which includes upgraded Comprehensive Protection Plan coverage.)
○ Yes, sign me up for the Comprehensive Protection Plan.
○ No, I decline additional protection plan coverage at this time.

Payment:

Initial payment: $300

I have included a payment of: $ ____ . __

You must meet the payment deadline in the attached terms and conditions in order to avoid cancellation.

○ I have enclosed a check or money order payable to Travel & Company. ○ I will pay by credit card by filling out the following information: ○ Visa ○ Mastercard

Card Number Exp. date MMYY Security Code

Last Name of cardholder First Name of cardholder

Signatures

I have read the attached Travel & Company Terms and Conditions and Release and agree to be bound thereby, and agree to be responsible for all amounts owed Travel & Company. I am in good physical and mental health and am able to travel without special medical supervision or special counseling.

Signature of Registrant Date Signature of Cardholder Date

All registrants under 21 years of age must have the following section completed: I am the parent/legal guardian of the above minor registrant. I have read the Travel & Company Terms and Conditions and Release, and agree to be bound thereby, and agree to be responsible for all amounts owed Travel & Company by the minor and any other actions by the minor on the trip. I hereby consent to the above minor registrant's participation in all activities organized and/or provided by Travel & Company. I hereby assume all risks of loss and injury that may be incurred, directly or indirectly, as a result of any such participation and authorize Travel & Company to arrange for professional care/treatment in case of an emergency.

Signature of Parent or Guardian Print Name Date