Travel & Company Registration Form

Office Use Only

3867

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 this 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

Last Name (Print all of your names exactly as they appear on your passport.)

First Name

Middle Name

Address

City

State

Zip

Home Telephone

Date of Birth MM/DD/YYYY / /

Gender: ○ M ○ F

Participant Email

Emergency Contact Info: Required for all participants.

Name

Telephone

Email

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

○ I prefer to room in a ○ double ○ twin

with: _____

○ I wish to pay a surcharge for a single room (where available).

○ I will book my own round-trip air transportation. (I will meet the group at the first 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 U.S. departure city than that of my group: _____

Protection Plans: Please see page 3 or www.travelandcompany.com/resources/pretrip/insurance.cfm for more information.

○ Sign me up for the Ultimate Protection Plan (our most enhanced health, baggage and cancellation coverage).

○ Sign me up for the Comprehensive Protection Plan (our enhanced health, baggage and cancellation coverage).

○ I decline additional coverage at this time.

Payment: Please pay via check or money order made payable to Travel & Company.

Initial Payment: $300

Amount Enclosed $.

Select your preferred Payment Plan:

○ **Automatic Payments** My program balance will be divided into convenient equal monthly installments and deducted from my checking account until 45 days prior to departure.

Enter to Win Your Tour For Free!
Available to all participants enrolled in our Automatic Payments plan.
Learn more at www.travelandcompany.com/autopay

○ **Manual Payments** I will be responsible for paying my full balance according to the payment schedule information on page 2 (typically 75 days or more prior to departure). Late fees apply.

(If no selection is made, payment plan defaults to Automatic Payments)

Signatures

I have read the attached Travel & Company Terms and Conditions and the Travel & Company 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

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 the Travel & Company 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 Travel & Company 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