



CTI TRAVEL GROUP

PASSENGER REGISTRATION

Office use only:

Res ID: _____

Grp ID: 2019MARIAN

PASSPORT INFORMATION

Title: Mr. Mrs. Ms. Dr.

Last Name: _____

First Name: _____

Middle Name: _____

Date of Birth: (mm/dd/yyyy) _____

Citizenship: _____

Passport No.: _____

Passport Exp.: (mm/dd/yyyy) _____

Address: _____

City/State/Zip: _____

Telephone: _____

E-mail: _____

IMPORTANT DISCLOSURES

This travel agency is acting solely as agent for suppliers in selling travel-related services, or in accepting reservations or bookings for services that are not directly supplied by this travel agency (such as air and ground transportation, hotel accommodations, meals, tours, cruises, etc.). This agency, therefore, shall not be responsible for breach of contract of any intentional or negligent actions or omissions on part of such suppliers, which result in any loss, damage, delay, or injury to you or your travel companions or group members. Unless the term "guaranteed" is specifically stated in writing on your tickets, invoice, or reservation itinerary, we do not guarantee any of such suppliers' rates, bookings, reservations, connections, scheduling, or handling of personal effects. Travel agent shall not be responsible for any injuries, damages, or losses caused to any traveler in connection with terrorist activities, social or labor unrest, mechanical or construction failures or difficulties, diseases, local laws, climactic conditions, criminal acts or abnormal conditions or developments, or any other actions, omissions, or conditions outside the travel agent's control. Traveler assumes complete and full responsibility for, and hereby releases the agent from any duty of, checking and verifying any and all passport, visa, vaccination, or other entry requirements of each destination, and all safety or security conditions at such destinations, during the length of the proposed travel. By embarking upon his/her travel, the traveler voluntarily assumes all risks involved in such travel, whether expected or unexpected. Traveler is hereby warned of such risks, and is advised to obtain appropriate insurance coverage against them. Traveler's retention of tickets, reservations, or bookings after issuance shall constitute consent to the above, and an agreement on his/her part to convey the contents hereto to his/her travel companions or group members. For information concerning possible dangers at international destinations, contact the Travel Advisory Section of the U.S. State Department (202) 647-5225. For medical information, call the Public Health Service (404) 332-4559.

EMERGENCY CONTACT

Contact Name: _____

Telephone: _____

VACATION PROTECTION

- Yes, sign me up for travel insurance.
Must be paid within 10 days of signup.
 - SINGLE TRIP PLAN (Call for quote)
 - ANNUAL PLAN (\$459)
- No, I will be responsible for all medical expenses, change fees and/or cancellation fees.

PAYMENT OPTIONS (Based on Double Occupancy)

<input type="checkbox"/> Pay in Full	<u>Payment Type</u>	<u>Marian Tour</u>	<u>Paris Pre-Tour</u>
	Cash/Check	\$3,699	+ \$1,499
	Credit Card	\$3,884	+ \$1,574
<input type="checkbox"/> Deposit Plan	<u>Marian Tour</u>	<u>Paris Pre-Tour</u>	
	<u>Cash / Credit</u>	<u>Cash / Credit</u>	
<u>Date</u>			
On Signup	\$500 / \$525	\$500 / 525	
Feb 1, 2019	\$1,000 / \$1,050	\$1,500 / \$1,575	
Mar 1, 2019	\$1,000 / \$1,050	\$1,500 / \$1,575	
Apr 1, 2019	\$1,199 / \$1,259	\$1,698 / \$1,783	

Credit card surcharges. If the card is swiped, the surcharge is 5% for Visa, MasterCard or American Express. If the card number is entered, the surcharge is 7% for Visa, MasterCard or American Express.

CTI Travel Group LLC strongly recommends the use of travel insurance.

ROOMMATE OPTIONS

- I HAVE A ROOMMATE**
Roommate Name: _____
- NEED ROOMMATE**
Roommate assigned, if available.
- I WANT A SOLO ROOM (SINGLE OCCUPANCY)**

	<u>Marian Tour</u>	<u>Paris Pre-Tour</u>
Cash/Check	\$1,200	\$1,000
Credit Card	\$1,260	\$1,050

PASSENGER SIGNUP STATEMENT

I, the undersigned, am signing up for this tour. I have read, understand, and agree to the Important Disclosures on this page. I understand that my payments are going to be used to reserve items and services pertaining to my trip, and will not be returned if I cancel at any time. If I am paying by credit card, I agree to pay all charges posted on my credit card per the payment schedule I have selected above, and the applicable credit card surcharges.

Signature _____ Date _____