REGISTRATION FORM

LISA BAUM - LISA@JAZZTRAVELERS.COM
PHONE: (319) 330-8595
UMBRIA JAZZ – PERUGIA
JULY 9 - 17, 2017

Reservations are on a first come first served basis.
Please sign up early to secure your place.

PLEASE PRINT, CIRCLE AND CHECK THE APPLICABLE INFORMATION - NAMES MUST BE LISTED AS THEY APPEAR ON YOUR PASSPORT

Please complete the form below (one per passenger) and e-mail it with a clear copy of your passport information page to Lisa Baum at lisa@jazztravelers.com or fax to (319) 398-5492.

Name: Mr. /Mrs. /Ms. : _____ _____ Date of Birth: ____/____/_____ M / F
First/Middle Name Last Name

Passport#: _____ Country of Issue: _____ Expiration date:____/____/_____

Billing/Street Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Home Phone: _____ Business/Cell Phone: _____

Traveling in a: ❒ Single occupancy ❒ Double/Twin occupancy with _____ _____
First/Middle Name Last Name

FLIGHTS FROM:		PRICE	ROOM ACCOMMODATION		PRICE
CEDAR RAPIDS	☐	$1,090.00	DOUBLE ROOM	☐	$2,409.00
OTHER GATEWAYS AVAILABLE UPON REQUEST			SINGLE ROOM	☐	$2,919.00
	TOTAL	$		TOTAL	$

TRAVEL PROTECTION PLAN:

We strongly recommend protecting your trip with our Optional Travel Protection Plan. The applicable Premium must be paid upon registration.

For a Full disclosure of coverage, please visit: www.centralholidays.com/files/travel-protection.pdf.

Premium Rates are based on the total Tour Cost per person including taxes and optional tours.

TOUR COST:	from $3,000 to $3,500	from $3,501 to $4,000	from $4,001 to $4,500	from $4,501 to $5,000
PREMIUM COST:	$ 221	$ 252	$ 283	$ 318

☐ YES, I accept travel protection ☐ NO, I decline travel protection (not recommended)

PAYMENTS*:

Total Trip Cost**/Deposit: $ _____
Air Cost: $ _____
Travel Protection: $ _____
Total (inc. Insurance) $ _____

(Deposit of $500 per person, is due at time of Registration. ** If you are registering within 90 Days of trip departure, Total Trip Cost is due at time of registration.)

*Final Payment is due 90 days prior to trip departure date (April 8, 2017).

Notes: _____

PAYMENT METHODS:

CHECK: ❒

Make checks payable to Central Holidays and send to: Central Holidays - 250 Moonachie Road, Moonachie, NJ 07074

CREDIT CARD: ❒ ❒ ❒ ❒ Name that appears on the card: _____

Credit Card# _____ Security code#: _____ Exp. date: _____/_____/_____

CANCELLATION POLICY:

Cancellations between 90 and 46 days prior to departure 25% is retained, 45 and 16 days 75% is retained, 15 days or less or no show 100% of the package price is retained. Note: A person becoming a single as a result of the roommate's cancellation must pay the single supplement.

I have read the schedule of activities for theCentral Holidays – Umbria Jazz Program – July 9-17, 2017 and accept the terms and conditions outlined on our website www.centralholidays.com/terms. $___ ___ ___ ___. ___ ___ to be charged to my card (including optional tour/extension and insurance premium if applicable).

Signature: _____ Date: _____/_____/_____

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Please (circle) your member station: KCCK Tri-States Public Radio WICN WVIK