



To better plan for your upcoming trip, complete the information below.

Contact Name _____ Email _____

Mailing Address _____

Telephone home work _____ Cell _____

Are you traveling as part of a group trip? If yes, what group or what school? _____

Passenger Names A valid passport is required for all international airfare. It is expected that a passport will be required for all cruises effective June 1, 2009; until this deadline if you do not have a passport, you must have your birth certificate and driver's license AND both of these names must match what is listed below. Domestic travel does not require a passport, but names must match a government issued ID like a driver's license.

Title	First Name	Last Name	Citizen of USA	Do you have a passport?	Birth Date
					__ / __ / __
					__ / __ / __
					__ / __ / __
					__ / __ / __
					__ / __ / __
					__ / __ / __

Do you need air transportation? ____ If yes, which airport(s) do you prefer to use? _____

Once airline tickets are purchased, should they require changing or canceling, airlines charge fees for all changes. I understand that I will be responsible for these fees which range from \$20 to over \$150 per ticket depending on the airline carrier. Airlines are also implementing additional charges relating to their increase cost of flying; I understand that I am responsible for these charges if implemented by the airlines. Please initial here:

For Cruises only...

Please select your Cabin type: ____ Inside Cabin ____ Ocean View Cabin ____ Other

How many cabins do you need? ____ Which nightly dinner time do you prefer? __ 6:00pm __ 8:15pm

Do you have any disabilities the ship should be aware of? _____

TRAVEL INSURANCE The cost of your travel packages does not include travel protection coverage. We strongly recommend that you purchase a travel protection policy. Common policies offer financial compensation, refunds and/or other benefits in case of trip cancellation, trip interruption, travel delay, baggage loss or delay, emergency medical expenses, evacuation and repatriation. If you fail to select travel insurance at the time of your initial deposit, your ability to make claims may be restricted. **Travel protection fees are due with the initial deposit and are not refundable.** Neither alumni programs, Travels Unlimited nor its agents will be liable to meet any unexpected travel or medical expenses should you decline vacation protection coverage.

Would you like to purchase travel insurance? Yes No Please initial here:

I have read the policy on itinerary changes and travel insurance coverage and been informed of my rights and responsibilities related to these matters.

Signature Date

PAYMENT OPTIONS

Please select one or more in regards to payment for your travel services. Your initial deposit and this form is due to Travels Unlimited.

- I wish to pay by check. Please make your check payable to "Travels Unlimited."
- Make the reservation described on the reverse and charge \$_____ on the credit card below.
- Please hold my credit card information below for future payments on the reservation described on the reverse. You must authorize us in writing (postal mail, fax or email) to make future charges, but you will not be required to submit your credit card details again.

Name as it Appears on card	
Card Type	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Other: _____
Card Number	<input type="text"/>
Expiration Date	<input type="text"/>
Card Verification #	<input type="text"/> Last three digit number on the back of card or 4 digit number on front of Amex.

Name	<input type="text"/>
Company	<input type="text"/>
Address	<input type="text"/>
Address	<input type="text"/>
City, State, Zip	<input type="text"/>
Home Phone	<input type="text"/>
Work Phone	<input type="text"/>
Cell Phone	<input type="text"/>

I, (*print name*) _____, hereby authorize Travels Unlimited (an independent contractor of travel suppliers) or the supplier of the travel component to charge my credit card. I understand the payment schedule and the deadline for changes before penalties occur.

Signature _____ Date _____