

REGISTRATION FORM - 2019 AWG - ROME & TUSCANY

NAME AS THEY ARE ON PASSPORTS

NICKNAME

DATE OF BIRTH (MM/DD/YY)

1. _____
2. _____

I NEED AIRFARE* Y/N_____ If YES, preferred gateway city _____

*Airfare is additional & a \$75pp service fee will apply

TRAVEL INSURANCE * Y/N_____ *Travel Insurance is additional and recommended

MAILING ADDRESS - Your travel documents will be sent here

Street _____
City _____ State _____ Zip _____
Home Phone [_____] _____ Business Phone [_____] _____
Cell Phone _____ Email Address _____

VACATION OPTIONS

• **MAIN TOUR PACKAGE:** _____ from **\$4,299***_{pp}

BASED ON DOUBLE OCCUPANCY, INCLUDES: Airport transfers when arriving/departing on group transfer, 3 nights at Sina Bernini Bristol in Rome – 5 star, 5 nights at La Bagnaia Golf and Spa Resort in Siena – 5 star. Breakfast Daily, other meals where noted, Tours and activities listed, 2 special “Wow” events.

• **PRE TOUR PACKAGE:** _____ from **\$1,899***_{pp}

• **POST TOUR PACKAGE:** _____ from **\$1,949***_{pp}

PAYMENT OPTIONS

BILL WEEKLY STATEMENT _____ **STORE NUMBER** _____

Your weekly bill amount will be based on the complete travel package price, anticipated airfare and travel insurance if requested. Final weekly billing will be adjusted based on actual trip cost.

CASH/CHECK YES _____ NO _____

If you would like to pay for your Member Trip with a credit card, please inquire with the **AWG DESK** at time of booking.

Please call Cruise Holidays with credit card information.

SPECIAL OCCASIONS AND SPECIAL NEEDS:

Birthday (mm/dd) _____ Name _____ Anniversary? (mm/dd) _____
Special Medical or Dietary Needs _____

OPTIONS FOR RETURNING THIS FORM:

Scan and email this form to lynette@chkc.travel

Fax this form to 816-741-7123

CALL CRUISE HOLIDAYS AND ASK FOR THE AWG DESK - LYNETTE : 800-869-6806

**Pricing is subject to change

