



**THE VACATION STATION**  
**229 MEETING ST.**  
**CHARLESTON, SC 29401**

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**REBATE REQUEST FORM**

Member # \_\_\_\_\_

Member Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

E-Mail Address \_\_\_\_\_

Member Phone # \_\_\_\_\_

Signature \_\_\_\_\_

Travel Date \_\_\_\_\_

Destination \_\_\_\_\_

Travel Vendor \_\_\_\_\_

Booking ID/# \_\_\_\_\_

Booking Agent \_\_\_\_\_

Amount Paid \_\_\_\_\_

Rebate Amount \_\_\_\_\_

Please mail or fax this form along with a copy of your trip invoice/itinerary to the address/fax number below to receive your member rebate. Rebate checks will be mailed within 30 days upon receipt of request.

For questions about rebates, please call us at 877-642-8747, ext. 3.