

EXPLORE ITALY

SPONSORED BY ROSE MARIE'S TRAVEL

OCT 2 -13, 2018

PLEASE PRINT— NAMES MUST BE LISTED AS THEY APPEAR ON YOUR PASSPORT

To register for this trip, please complete this form below and return it, along with a clear copy of your passport information page to Barbara Zackaroff.

Passenger: _____ Date of Birth: _____ M / F
First Name Middle Name Last Name

Passport#: _____ Country of Issue: _____ Date issued: _____ Expiration date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email Address : _____ Home Ph#: _____ Business/Cell Ph#: _____

TRAVEL PROTECTION

I want Trip Cancellation & Interruption Insurance: Yes / No Th

policy price is based on the total cost of the tour, including taxes.

\$4,000.01 - \$4,500	\$283
\$4,500.01 - \$5,000	\$318
\$5,000.01 - \$5,500	\$345

The premium must be paid with your initial deposit. Central Holidays strongly recommends protecting your investment with our optional travel insurance. For more information on the policy please Call CSA (800) 554-9839 Plan code G-Tour03 or www.csatravelpro.com

Deposit: \$XXXX per person at the time of registration, plus optional travel insurance. To be paid by XXXXX

2nd payment of \$XXXx000 by XXXX

Final payment due by XXXXy

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

Checks: Make checks payable to:

Credit card payments will be subject to a 3% charge

CANCELLATION POLICY:

Cancellations with more than 90 days prior to departure; full refund minus cancellation penalty of 200.00 per/person & interruption insurance.

Cancellations between 89 and 60 days prior to departure: \$500.00 of total cost per person is retained

Cancellation between 89-61 days prior to departure full deposit paid

Cancellation between 60 – 46 days prior to departure 50% of total package

Cancellations between 45 -16 days prior to departure 75% of total package

Cancellation from 15 days prior to departure 100% of total package

Note: A person becoming a single as a result in the roommate's cancellation must pay the single supplement.

Signature: _____ Date: _____