

**2018  
RESERVATION &  
INSURANCE FORM**

**Deep River**  
1-Day Mangia, Mangia  
July 9, 2018

**GUEST DETAILS**

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
First Middle Last  
Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**TOUR DETAILS**

Travel Partner(s): \_\_\_\_\_  
Emergency Contact Name & Phone #: \_\_\_\_\_  
Special Needs (*wheelchair, diet, handicap, etc.*): \_\_\_\_\_

*\*\*Please note that we try to accommodate special preference requests when possible, but we cannot guarantee them.*

***TOURS Of Distinction***

Since 1971

Mail to: P.O. Box 1011, East Windsor, CT 06088

GROUP: Deep River  
TOUR DATE: July 9, 2018

DESTINATION: Mangia, Mangia- Boston  
COST: \$17.00 per person

TOUR/POLICY #: 8D0709MM

\*TRAVEL PROTECTION CHECK PAYABLE TO:  
Tours of Distinction

**Insurance Coverage**

|  |                   |
|--|-------------------|
| Trip Cancellation*   | Trip Cost         |
| Trip Interruption*   | Trip Cost         |
| Trip Delay (12hours)   | \$500 (\$150/day) |
| Baggage/Personal Effects   | \$500             |
| Emergency Accident and<br>Sickness Medical Expense                         | \$10,000          |
| Emergency Evacuation and<br>Repatriation of Remains                        | \$20,000          |
| Emergency Assistance Services – Included                                   |                   |
| *Up to the trip cost insured, up to a maximum of<br>\$5,000.00 per person. |                   |

**TRAVEL PROTECTION PAYMENTS ARE DUE WITHIN 14 DAYS OF TOUR DEPOSIT TO COVER PRE-EXISTING CONDITIONS**

THE PURCHASE OF THE OPTIONAL TRAVEL PROTECTION WILL PROVIDE YOU WITH A REFUND WHEN CANCELING FOR A COVERED REASON. COVERED REASONS ARE LISTED IN THE 'CERTIFICATE OF TRAVEL PROTECTION' PROVIDED TO YOU WITH YOUR TRAVEL DOCUMENTS PRIOR TO TOUR DEPARTURE. THE TRAVEL PROTECTION IS NON-TRANSFERABLE AND NON-REFUNDABLE. IN CASE OF LATE BOOKINGS, IT WILL BE ACCEPTED WITH FULL PAYMENT. THE TRAVEL PROTECTION FORM MUST BE SIGNED IN ORDER FOR THE COVERAGE TO BE IN PLACE. BY SIGNING THE FORM YOU ARE AGREEING TO ACCEPT OR DECLINE OF THE TRAVEL PROTECTION. RECEIPT OF PAYMENT WITHOUT THE SIGNED FORM DOES NOT ENTITLE YOU TO COVERAGE UNDER THE TRAVEL PROTECTION OPTION.

Insurance Coverage Provided By: TRAVEL INSURED INTERNATIONAL, East Hartford, CT 800.243.3174

I \_\_\_\_\_ accept or \_\_\_\_\_ decline the optional Travel Protection Coverage. This form must be signed in order for the travel protection coverage to be in place. By signing this form, you agree to accept or decline the Travel Protection coverage.

I acknowledge that I have read the Cancellation Policy on the attached document and understand all information given to me.

Guest's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# 8D0709MM

**Payment Enclosed**

Deposit \$ \_\_\_\_\_  
Insurance \_\_\_\_\_  
Total \$ \_\_\_\_\_

**TOURS OF DISTINCTION**

PO Box 1011, East Windsor, CT 06088

Phone: 860.627.0199

Toll-Free: 800.426.4324

Fax: 860.627.5113