

**2018
RESERVATION &
INSURANCE FORM**

Deep River
1-Day 9/11 Memorial Museum
June 26, 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: June 26, 2018

DESTINATION: 9/11 Memorial Museum
COST: \$17.00 per person

TOUR/POLICY #: 8D0626DR

*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 Sickness Medical Expense	\$10,000
Emergency Evacuation and Repatriation of Remains	\$20,000
Emergency Assistance Services – Included	
*Up to the trip cost insured, up to a maximum of \$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: _____

7D0617TS

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