

SENSATIONAL SCOTLAND

JULY 2022

REV 092821 0933

PERSONAL INFORMATION AND TRAVEL PREFERENCES

PLEASE COMPLETE ONE PER PERSON. PRINT NAME EXACTLY AS IT APPEARS ON YOUR PASSPORT

NAME _____

DATE OF BIRTH _____ GENDER _____ COUNTRY OF CITIZENSHIP _____

SHARE ROOM WITH (IF APPLICABLE) _____ BEDDING CHOICE ☐ ONE BED ☐ TWO BEDS

MAILING ADDRESS _____

EMAIL ADDRESS _____

CELL PHONE _____ HOME PHONE _____

EMERGENCY CONTACT NAME AND PHONE _____

DIETARY RESTRICTIONS _____

WOULD YOU LIKE TO PURCHASE GROUP AIRFARE (PRICING TBA)? ☐ YES ☐ NO

WOULD YOU LIKE A TRANSFER FROM RICHMOND TO DULLES? COST IS TBD BASED ON NUMBER OF PASSENGERS ☐ YES ☐ NO

VALID PASSPORT (WITH AT LEAST 6 MONTHS VALIDITY FROM YOUR RETURN TRAVEL DATE) IS REQUIRED.
PLEASE ATTACH A COPY OF YOUR PASSPORT PHOTO INFORMATION PAGE TO THIS REGISTRATION FORM.

<p><u>PRICING</u></p> <p>LAND PRICE: \$ 4,325.00 PER PERSON BASED ON DOUBLE OCCUPANCY</p> <p>SINGLE ROOM SUPPLEMENT: \$1,300.00</p> <p>AIR PRICE FROM DULLES: \$1,161.00 SUBJECT TO AVAILABILITY</p> <p>TRIP COST IS BASED ON A MINIMUM OF 20 FULL PAYING PASSENGERS. IF CANCELLATIONS CAUSE THE GROUP TO FALL BELOW 20 FULL PAYING PASSENGERS AT ANY TIME PRIOR TO DEPARTURE, PRICES ARE SUBJECT TO INCREASE.</p>	<p><u>PAYMENT SCHEDULE</u></p> <p>DEPOSIT*: \$1,500.00 PER PERSON – DUE IMMEDIATELY TO SECURE YOUR RESERVATION.</p> <p>NO RESERVATION WILL BE HELD WITHOUT A DEPOSIT AND A SIGNED REGISTRATION FORM.</p> <p>BALANCE: DUE ON OR BEFORE APRIL 29, 2022</p>																		
<p><u>TRAVEL INSURANCE PRICING</u></p> <p>COVERAGE PROVIDED BY ALLIANZ GLOBAL ASSISTANCE. WE RECOMMEND PURCHASE AT TIME OF DEPOSIT TO COVER PRE-EXISTING CONDITIONS.</p> <table><tr><td></td><td colspan="2">INSURANCE COST (AS OF 9/15/21)</td></tr><tr><td>OCCUPANCY:</td><td>LAND ONLY</td><td>AIR AND LAND</td></tr><tr><td>SINGLE</td><td>\$283 PER PERSON</td><td>\$342 PER PERSON</td></tr><tr><td>DOUBLE</td><td>\$254 PER PERSON</td><td>\$312 PER PERSON</td></tr></table>		INSURANCE COST (AS OF 9/15/21)		OCCUPANCY:	LAND ONLY	AIR AND LAND	SINGLE	\$283 PER PERSON	\$342 PER PERSON	DOUBLE	\$254 PER PERSON	\$312 PER PERSON	<p><u>CANCELLATION AND REFUND POLICY</u> <u>(NEW BOOKING ONLY)</u></p> <table><tr><td><u>CANCELLATION RECEIVED</u></td><td><u>PENALTY AMOUNT</u></td></tr><tr><td>AFTER FIRST DEPOSIT TO 4/28/22</td><td>\$1500.00 PER PERSON</td></tr><tr><td>4/29/22 – DAY OF DEPARTURE</td><td>100% PER PERSON</td></tr></table> <p>TRIP COST IS BASED ON A MINIMUM OF 20 FULL PAYING PASSENGERS. CANCELLATION PENALTIES WILL NOT BE CHARGED IF GROUP FAILS TO REACH MINIMUM SIZE BEFORE 4/29/22.</p> <p>IF CANCELLATIONS CAUSE THE GROUP TO FALL BELOW 20 FULL PAYING PASSENGERS AT ANY TIME PRIOR TO DEPARTURE, PRICES ARE SUBJECT TO INCREASE.</p>	<u>CANCELLATION RECEIVED</u>	<u>PENALTY AMOUNT</u>	AFTER FIRST DEPOSIT TO 4/28/22	\$1500.00 PER PERSON	4/29/22 – DAY OF DEPARTURE	100% PER PERSON
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PAYMENT AND CREDIT CARD AUTHORIZATION

☐ I AM ENCLOSING CHECK # _____ IN THE AMOUNT OF \$ _____ FOR _____ TRAVELER(S)

(MINIMUM DEPOSIT \$1500.00 PER PERSON)

☐ CHARGE MY CREDIT CARD BELOW FOR THE DEPOSIT AMOUNT OF \$ _____ FOR _____ TRAVELER(S)

(MINIMUM DEPOSIT \$1500.00 PER PERSON)

☐ I WOULD LIKE TO PURCHASE AN ALLIANZ GLOBAL ASSISTANCE TRAVEL INSURANCE POLICY TO COVER

☐ LAND ONLY ☐ LAND & AIR PACKAGE. I WILL PAY BY ☐ CREDIT CARD ☐ CHECK # _____

IF PAYING BY CREDIT CARD, PLEASE COMPLETE BELOW

CREDIT CARD TYPE ☐ AMERICAN EXPRESS ☐ DISCOVER ☐ MASTERCARD ☐ VISA

ACCOUNT # _____ SECURITY CODE _____ EXP. DATE _____

NAME OF CARDHOLDER _____

BILLING ADDRESS AND PHONE IF DIFFERENT THAN REGISTRATION _____

WOULD YOU LIKE TO USE THIS CARD FOR ALL FUTURE PAYMENTS? ☐ YES ☐ NO

I AGREE TO PAY ACCORDING TO THE CARD ISSUER AGREEMENT. I UNDERSTAND AND ACCEPT THE TOUR PLAN INTERNATIONAL CANCELLATION POLICY, PASSPORT REQUIREMENTS, TERMS AND CONDITIONS.

PASSENGER SIGNATURE _____

MARKETING PERMISSION**I AGREE TO THE FOLLOWING MARKING PERMISSIONS:**

EMAIL COMMUNICATIONS: ☐ YES ☐ NO

INCLUSION IN GROUP DIRECTORIES: ☐ YES ☐ NO

USE OF LIKENESS IN PHOTOGRAPHIC MARKETING MATERIALS: ☐ YES ☐ NO

PAYMENTS MAY BE MADE BY CHECK, CASH OR CREDIT CARD AND MADE PAYABLE TO: TOUR PLAN INTERNATIONAL, LTD.

SUBMIT COMPLETED REGISTRATION FORM BY:

EMAIL TO: S.CAPOCELLI@TOURPLANINTERNATIONAL.COM OR F.AILOR@TOURPLANINTERNATIONAL.COM

FAX TO: 804-353-2947

MAIL TO: STELLA CAPOCELLI CARTER, TOUR PLAN INTERNATIONAL, 11453 ROCKVILLE RD. SUITE A, ROCKVILLE VA 23146

QUESTIONS? CONTACT TOUR PLAN INTERNATIONAL AT 804-359-3217

WWW.TOURPLANINTERNATIONAL.COM