

ABSOLUTELY ART: Santa Fe, New Mexico

May 28 – June 4, 2018

Tour Registration Form (one per participant)

Name: (As it appears on passport) _____ Citizenship: _____

Address: _____ Postal Code: _____

Ph: Daytime: _____ Evening: _____ Email: _____

Date of Birth: _____ Passport Number: _____ Issue date: _____ Expiry date: _____

Primary Medical Care Coverage Number: (Provincial Medical) _____

Dietary Restrictions or Food Allergies and/or Medical Conditions we should be aware of: _____

Do you smoke: **Yes** ____ / **No** ____ , I wish to have a single room: **Yes** ____ / **No** ____ , Travel Concepts to find me a room-mate if possible **Yes** ____ / **No** ____ , I will share with (name): _____

Emergency Contact: _____ Phone: _____

Do you need Travel Concepts to assist you in booking your international flights? *(If not, please advise us of your flight details once they are confirmed)* **Yes** _____ / **No** _____

Travel Concepts often uses photographs from our tours for future marketing purposes.

Do you authorize Travel Concepts to use photos of yourself? (yes or no) **Print:** _____ **Web:** _____

Do you wish to receive marketing material via email from Travel Concepts (promotions, tour announcements, orientation meeting, etc.) **Yes** _____ / **No** _____

Where did you hear about this tour? _____

Tour Costs: USD 2,299.00 per person twin share, land only*
USD 3,099.00 single basis

Payments: Deposit USD 500.00 at time of booking
Remaining balance Due March 28, 2018

Please note that all payments are non-refundable. We strongly recommend that you protect your investment by purchasing Trip Cancellation/Out of Country Medical Insurance. Travel Concepts will contact you upon receipt of registration to discuss your personal insurance needs.

I wish to pay by Cheque (enclosed) _____ Credit Card: Type _____ Amount: _____

Credit card number: _____ Exp: _____ Sec: _____

Name as it appears on credit card: _____

Please return completed form to Travel Concepts

#103 – 3151 Woodbine Drive, North Vancouver, BC V7R 2S4 BC Reg 3404
Phone: (604) 926-8511 Fax: 604 926-2247 Or scan/email to: info@trvlconcepts.com

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Waiver Form (one per participant)

This waiver and release is given by the undersigned (the “**Client**”) to and in favour of Infinity Travel Concepts Ltd. and its employees, agents, officers, directors, shareholders and affiliated companies (all of whom are referred to herein as “**ITC**”) in connection with ITC’s services (the “**Services**”) of arranging for the provision of travel and tourism services to the Client by third parties such as airlines, bus, train, car rental or other transportation providers, tour guides, hotels and outfitters (“**Third Party Providers**”). The Client hereby acknowledges that:

- a) ITC would not provide the Services unless the Client signs this waiver and release;
- b) the Client accepts the allocation of risk provided for herein; and
- c) the provision of the Services by ITC to the Client is sufficient consideration for this release and waiver.

The Client acknowledges that ITC is acting as the Client’s agent in making arrangements with Third Party Providers and that all such arrangements are between the Client and the respective Third Party Providers. The Client acknowledges that ITC makes no representations or warranties regarding such arrangements and that ITC has no ability to ensure that those arrangements are fulfilled in the manner that the Client may expect or to which the Client may be entitled. In each case, the Client has a contract with the Third Party Provider, and must look solely to the Third Party Provider for any compensation or other remedies if problems arise.

Accordingly, to the greatest extent permitted by law, the Client hereby irrevocably releases ITC from any and all actions, causes of action, damages, losses, expenses and other claims of any kind whatsoever arising out of the actions, inactions, omissions, negligence or other conduct of any Third Party Provider. This release extends to loss of property, personal injury, loss of life, delays, itinerary changes and any other damages, losses, costs, expenses or inconveniences that the Client may suffer or incur.

Signed & delivered by the Client this _____ day of _____, 20_____.

Name of Witness _____ Name of Client _____

Witness Signature _____ Client Signature _____

NB: The Ferry Building Gallery, Women With Wings & Travel Concepts staff are unable to witness tour registration forms

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<i>For Internal Use Only</i>	
Deposit Payment Posted:	Date: _____ Notes: _____
Final Payment Posted:	Date: _____ Notes: _____
Pre + Post Nights Information:	Notes: _____
Insurance Information:	Notes: _____
Air/Flight Information:	Notes: _____
Comments: _____	
Mailings: _____	