



IRELAND: BACK TO MY CULINARY ROOTS WITH CHEF JOHN BISHOP

September 11 - 24, 2014

Tour Registration Form - One Per Participant

Name: (As it appears on passport) _____

Citizenship: _____ Date of Birth: _____

Address: _____ Postal Code: _____

Ph: Daytime: _____ Evening: _____ Email: _____

Passport Number: _____ Issue date: _____ Expiry date: _____

Primary Medical Care Coverage Number: (ie BC Medical) _____

If you carry private out-of-country medical insurance (extended health) please advise name of provider and policy number _____

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

I am a smoker ___ /non-smoker ___/Please find me a room mate ___/ I will share with: _____

Emergency Contact: _____ Relation: _____ Phone: _____

How did you hear about this tour? _____

Journeys with Heart & Travel Concepts occasionally uses photographs from our tours for future marketing purposes.

Do you authorize Journeys with Heart & Travel Concepts to use photos that include yourself? (Y or N) Print ___ Web ___

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SEPTEMBER 11 – 24, 2014

USD \$6,690.00 Land only, twin share

USD \$7,977.00 Land only, single room

A non-refundable deposit of USD \$1,000.00 is due at time of booking. Remaining balance is due by June 13, 2014

OPTIONAL:

4 night Galway Oyster Festival Extension
September 24 – 28, 2014 (details TBA)

ADDITIONAL:

CAD \$500 direct donation to the
Looking Glass Foundation.
Tax receipt will be issued.

All payments are non-refundable. Travel Concepts will contact you upon receipt of registration to discuss your personal insurance needs. We strongly recommend that you purchase trip cancellation and out of country medical insurance. **We are limited to just 24 guests, so please book early to avoid disappointment. Guaranteed departure with 22 guests.**

I wish to pay for this tour by Cheque (enclosed) _____ Credit card: Visa _____ MasterCard _____ AMEX _____

Credit card number: _____ CCV _____ Expiry: _____

Name as it appears on credit card: _____ Signature: _____

**please note, should our celebrity host become unavailable to lead this tour, a suitable replacement will be made.*

Please return completed form & responsibility waiver by mail, fax or email to:
Travel Concepts, 1716 Marine Drive, West Vancouver BC V7V 1J3
Phone: 604 926 8511 Fax: 604 926 2247 Email: jenny@trvlconcepts.com



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WAIVER AND RELEASE - One Per Participant

This waiver and release is given by the undersigned (the “Client”) to and in favour of Infinity Travel Concepts Ltd. and it’s 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 and delivered by the Client this _____ day of _____, 20____ .

Name of Witness _____ Name of Client _____

Witness Signature _____ Client Signature _____

NB: Travel Concepts’ staff & Journeys with Heart volunteers are unable to witness tour registration forms

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