



Czech Republic: Like a Local
Wednesday, May 1st through Thursday, May 9th, 2019

Reservation form – complete ALL PAGES, sign, and remit with a COPY OF YOUR CURRENT PASSPORT.

****PLEASE PRINT****

Names must be listed exactly as they appear on your passport.

Your name _____

Spouse/Partner's Name, if also travelling: _____

Address _____

City/State _____ **ZIP** _____

Phone _____ **(work)** _____ **(home)** _____ **(cell)**

e-mail address _____

Please reserve a **DOUBLE** **SINGLE**

Name of Roommate if not listed above: _____

Address _____

City/State _____ **ZIP** _____

Phone _____ **(work)** _____ **(home)** _____ **(cell)**

e-mail address _____

___ I understand that I/we (circle one) must be in possession of a valid passport issued by the United States of America or other recognized government for the duration of the travel dates. ***(If a traveler is not a citizen of the United States, please notify us well in advance of the tour.)***

(Traveler #1) _____ (Traveler #2) _____
Country issuing your passport: _____ Country issuing your passport: _____
Passport#: _____ Expires: _____ Passport#: _____ Expires: _____

PAYMENT INFORMATION for Czech Republic: Like a Local May 1st through May 9th, 2019

LANDMARK SOCIETY MEMBERS:

Double occupancy \$5,600 x ____ (number of people) = \$ _____

Single occupancy \$6,550 x ____ (number of people) = \$ _____

NON- MEMBERS:

Double Occupancy, \$6,000 x ____ (number of people) = \$ _____

Single occupancy \$6,950 x ____ (number of people) = \$ _____

TOTAL COST \$ _____

A \$500 per person nonrefundable deposit to secure your reservation is required at the time of booking.

Deposit (or total amount due if you prefer) \$ _____

BALANCE DUE (if any) by February 22nd, 2019 \$ _____

FORM OF PAYMENT:

____ Check enclosed, payable to "The Landmark Society" ____ Credit Card? Visa Mastercard Discover AmEx

Card Number _____

Expiration Date _____ CSV _____

Signature _____

PRINT YOUR NAME _____

Cancellations/Refund Policy: Cancellation charges will be assessed as follows:

Prior to February 22nd, 2019 \$500 per Person February 22nd, 2019 to Day of Departure NO REFUND

Cancellation fees include all penalties assessed by the Hotels, Tour Companies and airline. **Cancellation travel insurance is strongly recommended.** Contact your own travel professional OR apply for insurance through Travel Guard. Please see the last page of this document on how to apply for the insurance.

There will be no cancellation penalty if the total package price changes due to currency fluctuation, tax increases, airfare or fuel surcharges, or other charges beyond the control of The Landmark Society, and you choose to cancel.

RESPONSIBILITY: The Landmark Society acts only as agents for the owners or contractors providing transportation or other services. All tickets are issued subject to any terms and conditions under which these means of transportation or other services are provided. The acceptance of your documents will be deemed to be consent to the further condition that neither the Landmark Society will be held responsible in any way in connection with transportation or other services or for any loss however caused. The tickets and/or contracts in use by any owner or contractor providing transportation or other services shall constitute the sole contract between themselves and the tour member. The right is reserved to withdraw any tour and/or make alterations in the itinerary, if found necessary, and to decline to accept or retain any persons as a member at any time. Bills are submitted subject to correction for error or adjustment for changes. The Landmark Society is unable to provide a refund for any unused portion of the package. **Package price is guaranteed when paid in full, however, may be subject to change based on**

currency fluctuation, or tax increases or fuel charges, which are beyond the control of the Landmark Society. Coach seat assignments are on a request basis only and are not guaranteed. All trips are based on group space availability and are subject to be withdrawn by the Landmark Society at any time.

Please read and sign this agreement, to confirm your eligibility to participate in this tour:

To the best of my/our knowledge, I/We are in good state of health and are not suffering from any physical condition which might be detrimental to my/our own safety, comfort and convenience and that of the other participants during the tour. If any participant named on this application has a specific physical condition, disability, allergy or dietary requirement that may require special attention or treatment, such details must be reported on this application. **I understand that this trip will require walking, climbing stairs, and standing for extended periods.** The Landmark Society reserves the right to deny participation to anyone who, in their opinion, may delay, interrupt, or in any way impede the normal course of the tour and, thus, affect the enjoyment of the remaining participants. I (we) have read, understand and agree to the conditions as set forth on this flyer, including those paragraphs relating to payments, cancellations, and refunds.

Signature _____ Date _____

Signature _____ Date _____

If paying by check or credit card you may send this form by mail to:

The Landmark Society of Western NY; 133 S. Fitzhugh St.; Rochester NY 14608

If paying by credit card you may send it by secure Fax to (585 546-4788) or

Send it by email by scanning the pages and emailing chaygood@landmarksociety.org

While you may not register over the phone, we will accept the nonrefundable \$500 deposit to hold your place on the tour over the phone to Carolyn Haygood at 585 546-7029 x11.

LANDMARK SOCIETY EMERGENCY INFORMATION **Please PRINT**

TRAVELER'S NAME(S) _____

IN CASE OF AN EMERGENCY DURING THE TRIP PLEASE NOTIFY:

NAME _____

RELATIONSHIP TO TRAVELER _____

ADDRESS _____ CITY _____ STATE _____ Zip _____

WORK PHONE _____ HOME PHONE _____ CELL _____

EMAIL _____

Are you presently on any medication, or do you have any medical/physical problems which the escort should be made aware of? If so, please specify. This information will be kept confidential.

TRAVELER'S NAME _____

IN CASE OF AN EMERGENCY DURING THE TRIP PLEASE NOTIFY:

NAME _____

RELATIONSHIP TO TRAVELER _____

ADDRESS _____ CITY _____ STATE _____ Zip _____

WORK PHONE _____ HOME PHONE _____ CELL _____

EMAIL _____

Are you presently on any medication, or do you have any medical/physical problems which the escort should be made aware of? If so, please specify. This information will be kept confidential.

How to Obtain Travel Cancellation Insurance for our Czech Republic trip

You may obtain cancellation insurance from your own travel professional (travel agent, AAA, etc.) the travel insurance company of your choice, or apply to Travel Guard. Please note, the Travel Guard information is provided as a courtesy, and does not represent endorsement by The Landmark Society.

When obtaining insurance, let the agent know that you are interested in trip cancellation/interruption insurance.

To apply for insurance through Travel Guard:

1. Contact Travel Guard to get a quote on the cost of the insurance.
 - a. You may call them at (866) 375-2546. If you get a recording asking for your address, please leave your phone number and ask for a return call – you need a quote, not the application mailed to you (we are providing you with the paperwork.)

2. Once you have the quote, complete the Generic Enrollment Application (attached or enclosed.)

You must apply in writing for the insurance by mail or fax the two documents plus insurance payment to:

Mailing address

Travel Guard: Attn Administration
3300 Business Park Drive
Stevens Point, WI 54482

Fax:

1.800.955.8785 or 1.715.345.2915