



TRAVELER REGISTRATION FORM

PROGRAM NAME: *CHALLENGES TO DEMOCRACY IN EUROPE: POLAND & GERMANY*

DATE: *September 21 – October 2, 2018*

IMPORTANT NOTE: Please print clearly or type - one form per participant.

Please let us know immediately if your address, phone number or any other information on this form changes.

Return to: *Iconic Journeys Worldwide*

175 Strafford Avenue, Suite ONE # 500 Wayne, PA 19087

Or scan e-mail to: info@IconicJourneysWorldwide.com Fax: 484 754-0088

FULL NAME (as shown on your passport) _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE: Home _____ Work: _____

Cell: _____ E-Mail _____

Do you have a seasonal address? Yes Give address and dates: _____

OCCUPATION _____

(If retired, list previous occupation. Not required!)

Date of Birth: _____ Place of Birth: _____

(Month/Day/Year)

(City or State & Country)

Passport Number _____ Date Issued _____ Expiration Date _____

Place of Issue _____ Citizenship _____

In case of emergency, please notify _____ (Relationship) _____

Address _____ Home _____

Work _____ Cell: _____ Email: _____

Please list any medical conditions, allergies, disabilities, etc. **Please note that we cannot offer special assistance to individuals who have difficulty walking or other medical needs.**

Please list any medication you are currently taking and would be important for a physician to know about in the case of a medical emergency:

Do you have any special dietary needs?

Please show my name on the passenger list as follows:

Dr., Mr., Mrs., Miss., Ms., or other title _____

Please show my name on the name badge as: _____

(First / Last name)

Have you traveled with Jerry Sorkin, *Iconic Journeys Worldwide* or *TunisUSA* before? ___ Yes ___ No

I will be sharing my room with _____

TOUR CONDITIONS (Please initial in following five spaces and sign below)

____ I certify that I have not recently been treated for, nor am I aware of any physical or other condition or disability that would create a hazard to myself or other members of this tour.

____ I understand that *Iconic Journeys Worldwide* is unable to accept or retain any person as a tour passenger who may require special physical assistance, a wheelchair, or special attention because of a medical condition unless personal arrangements have been made.

____ Any comments about the trip that I make in the post trip questionnaire or elsewhere and any photos taken may be used in future publicity such as brochures or our website or social media.

I have been strongly encouraged to purchase travel insurance in conjunction with the *Iconic Journeys Worldwide* tour. I have considered these factors in making my decision.

- Does your insurance cover you outside of the United States?
- What if you had to cancel your trip? Are you ready to forfeit what can be considerable funds?
- Can you afford to be medically evacuated?

I have been advised that a travel protection plan is available to me for purchase thru Allianz (<https://www.allianztravelinsurance.com/purchase>) or thru a provider of my choice.

and I accepted to purchase travel insurance thru; _____

I DO NOT want to purchase trip protection.

Please sign this insurance waiver and return it to me as soon as possible.

Travel participant(s) signatures

Date

Please note: Most insurance and HMP/PPO plans offer reduced benefits when traveling internationally. If you are currently covered by Medicare, it is important to know Medicare does not cover you outside the U.S.

My insurance policy # is _____ Provided by: _____

I prefer to receive my final documents by email. Yes No

RESPONSIBILITY

Iconic Journeys Worldwide acts only as an agent for the passenger with respect to travel services. We disclaim any and all liability for property loss or damage, and/or any and all damages resulting from death or personal injuries, including loss of service, which may be sustained on account of or rising out of, by reason of or while engaged on any tour, whether due to the ownership, maintenance, use, operation, or control of any aircraft, automobile, bicycle, boat, vehicle, inn, common carrier or otherwise or whether caused by failure or delay or by any transportation company due to any cause whatsoever occurring during a tour under which the means of transportation or other service provided thereby is offered by owners, operators or public carriers for whom *Iconic Journeys Worldwide* act solely as agent. *Iconic Journeys Worldwide* reserves the right, in its discretion, to alter or omit any part of the itinerary or change any space reservation, feature and/or means of conveyance without notice and for any reason whatsoever and without allowance of refund, but the extra cost, if any, resulting therefrom must be paid by the passengers. *Iconic Journeys Worldwide* shall not be responsible for any injury to person (whether or not resulting in death) or damage to property arising out of strikes, labor difficulties, Act of God, any act of war, insurrection, revolt or other civil uprising, or other military action or other cause beyond its control, occurring in either the country of origin, destination or through passage. The transportation companies concerned are not to be held responsible for any act, omission, or event during the time passengers are not on board their carriers or conveyances. The passenger contract in use by the carriers concerned, when issued, shall constitute the sole contract between the transportation companies and the purchaser of these tours and/or passengers.

Iconic Journeys Worldwide reserves the right to cancel or withdraw any tour prior to departure and to decline to accept or retain any person as member of the tour at any time. In such case, the refund will be based on the actual cost of the unfinished portion of the tour.

SIGNATURE: _____ **DATE:** _____

Payable by personal check, credit card or wire transfer.

TERMS:

TOTAL.....\$5,495 per person.

No Single Supplements!

Less Non-Refundable Deposit required upon receipt.....\$ 995 per person)

Final payment of \$4,500. due June 1, 2018.

TERMS:

- **Initial deposits paid by credit cards are not subject to a processing fee.**
- **Payable by personal check to: *Iconic Journeys Worldwide***
- **Payments by wire transfer should follow instructions below:**
 Beneficiary bank account number at Bank of America 383015202332
 Wire routing number 026009593
 SWIFT code BOFAUS3N
- **Balances paid by Credit cards are subject to a 3% processing fee.**

Trip cancellation insurance is highly recommended and available for an additional cost. If insurance is purchased within 21 days of the initial deposit, pre-existing conditions will be waived. We recommend purchasing travel insurance thru Allianz at :

<https://www.allianztravelinsurance.com/lp/ppc/international.htm?msclkid=1b80154ed91f14ecafa84f7fb9b6ef8d>

We appreciate your business!!!



CREDIT CARD AUTHORIZATION FORM

Card Holder's Name

Name as it appears on the card: _____

Credit Card Number

Expiry Date

3 or 4 digit security code:

Total Amount to be charged: \$ _____.

Signature.....

Billing address of credit card (street).....

(City/state/province/postal code).....

(Country)

(Telephone corresponding to c.c.)

PLEASE COMPLETE AND FAX THIS FORM OR SCAN/E-MAIL TO :
Iconic Journeys Worldwide 175 Strafford Avenue, Suite ONE # 500 Wayne, PA 19087
 Or
Fax: 484 754-0088 or e-mail: info@IconicJourneysWorldwide.com

**NOTE: "Deposits" may be paid by credit card.
 Payment of tour balances, if paid by credit card, are subject to a 3% fee for processing of credit cards.**