

REGISTRATION FORM

(One per passenger)

ULSTER COUNTY REGIONAL CHAMBER OF COMMERCE | EGYPT - LAND OF THE PHARAOHS | NOVEMBER 3 - 12, 2023

We strongly recommend registration via our online booking engine www.aventuraworld.com/booking. Please use booking code: **THEXCK**

Please complete the form below (one per passenger) and e-mail it with a clear copy of your passport information page to Carol Ricken at Carol@ulsterchamber.org.

PLEASE WRITE LEGIBLY - NAMES MUST BE LISTED AS THEY APPEAR ON YOUR PASSPORT

Name: Mr. /Mrs. /Ms. : _____ Date of Birth: ____/____/____
First/Middle Name Last Name

Passport#: _____ Country of Issue: _____ Expiration date: ____/____/____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Home Phone: _____ Cell Phone: _____

Rooming as: Single occupancy (M1+\$799/C2+\$999)

Double/Twin occupancy with: _____
First/Middle Name Last Name

Notes: _____

CABIN CATEGORY CHOICE - 1ST CHOICE _____

2ND CHOICE _____

SINGLE SUPPLEMENT:

Cat M1* \$3,449

Cat C2* \$3,649

Cat C1 \$3,749

*Cat M1 \$ 799, *Cat C2 \$999

Cat D2 \$3,849

Cat D1 \$3,949

**Limited availability*

CALCULATE TRIP COST

Trip cost **before** March 31, 2023: \$ _____

Trip cost **after** March 31, 2023: \$ _____

Single supplement (if applicable): \$ _____

Single supplement (if applicable): \$ _____

Subtotal: \$ _____

Subtotal: \$ _____

Use this subtotal to calculate your optional trip protection premium cost

TRAVEL PROTECTION PLAN:

We strongly recommend protecting your trip with our Optional Travel Protection Plan. The applicable Premium must be paid upon registration. For a Full disclosure of coverage, please visit: www.aventuraworld.com/files/travel-protection.pdf. Premium Rates are based on the total Tour Cost per person including optional tours (your subtotal from above).

Tour Cost: \$3,001 to \$3,500 \$3,501 to \$4,000 \$4,001 to \$4,500 \$4,501 to \$5,000 \$5,001 to \$5,500
Policy Cost: \$221 \$252 \$283 \$318 \$345

YES, I accept travel protection NO, I decline travel protection (not recommended)

CALCULATE DEPOSIT:

Deposit: \$600.00 + Travel protection premium \$ _____ =

Deposit Due \$ _____

Deposit due at time of registration.

Final remaining balance due August 3, 2023,

PAYMENT METHODS:

Check #: _____

Make checks payable to Aventura World and send to: **Aventura World - 250 Moonachie Road, Suite 308, Moonachie, NJ 07074.**

To pay and reserve online, go to: <https://www.aventuraworld.com/booking>. Use the booking number at the top of this form. When paying by check, please fully complete the form and send the check/reservation form to the indicated address. When paying by credit card (not via the booking engine), please fully complete the form above and complete the calculate deposit worksheet. If you wish to pay more than just the deposit amounts, indicate this in the notes section. Once completed, please submit the reservation form to your group leader to send to Aventura World. We will email you a link to pay via credit card upon receipt. This email will come from aventuraworld@aventuraworld.com. Please check your spam.

CANCELLATION POLICY (NEW BOOKINGS, NOT FUTURE TRAVEL CREDITS):

Cancellations with 131 days or more prior to departure-full refund, the cost of trip cancellation & interruption insurance is retained, between 130 and 91 days prior to departure \$800 per person is retained, 90 and 61 days 60% is retained, 60 and 31 days 85% is retained, 30 days or less, or no show 100% of the package price is retained.

Note: A person becoming a single as a result of the roommate's cancellation must pay the single supplement.

Aventura World reserves the right to adjust pricing based on currency fluctuations, gas increases, and government/airline-imposed charges.

I have read the schedule of activities for the Ulster County Regional Chamber of Commerce - Egypt - Land of the Pharaohs program - NOVEMBER 3 - 12, 2023 and accept the terms and conditions outlined on our website www.aventuraworld.com/terms-conditions and authorize \$ _____ to be charged to my card (including optional tour/extension and insurance premium if applicable - from Deposit Due line above).

SIGNATURE: _____

DATE: ____/____/____

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