

REGISTRATION FORM

(1-per passenger)

ULSTER COUNTY CHAMBER OF COMMERCE | ENGLAND & WALES | April 6-14, 2024

Add 2-day optional extension in London (subject to minimum 20 travelers)

Complete the form below (1-per traveler) E-mail or Fax it with a clear color copy of your passport information to:

Tracy@01destinations.com / Fax: 845-810-7678

WRITE LEGIBLY- NAMES MUST BE LISTED AS THEY APPEAR ON YOUR PASSPORT: Please use this format: 01-JAN-2021

Name: Mr. /Mrs. /Ms. _____ Date of Birth: ____/____/____
First/Middle Name as they appear on passport Last Name as it appears on passport

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

Billing Address: _____ City: _____ State: _____ Zip: _____

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

Rooming as: Single occupancy Double/Twin occupancy with: _____
First/Middle Name Last Name

Notes/Allergies etc: _____

CALCULATE TRIP, EARLYBIRD COST

Early Trip Cost by October 7, 2023 \$ 3,995
Single Room (if applicable): \$ 799
London Extension: \$ 675
London Single Room, if applicable: \$ 220

Your Subtotal: \$ _____

CALCULATE TRIP, REGULAR COST

Trip Cost after October 7, 2023 \$ 4,095
Single Room (if applicable): \$ 799
London Extension \$ 675
London Single Room, if applicable \$ 220

Your Subtotal: \$ _____

GROUP TRAVEL INSURANCE PLAN:

YES, I want Travel Insurance **NO**, I don't want Travel Insurance (not recommended)

We recommend protecting your trip with our Optional Travel Protection Plan. The premium must be paid upon registration. Premium Rates are based on the total cost per person. Coverage details available on request.

Trip Cost: \$ 3,995-\$ 4,095 Insurance Premium \$294.84 (Core Trip, per person Sharing)

Trip Cost: \$ 4,670-\$ 4,770 Insurance Premium \$343.44 (Trip w/ London Extension, per person Sharing)

Trip Cost: \$ 4,794-\$ 4,897 Insurance Premium \$352.37 (Core Trip w/ Single Room)

Trip Cost: \$ 4,890-\$ 4,900 Insurance Premium \$359.28 (Trip w/ London Extension w/ Single Room)

Calculate Deposit Due \$800 +Extension \$ _____ + Insurance Premium \$ _____ Total Deposit \$ _____

Balance due by January 15, 2024

Credit Card Payments Subject to 3.5% processing fee. Card #: _____ Exp Date: ____/____/____

Check Payments payable to Destinations Ireland & Beyond, mailing address: PO Box 2362, Kingston, NY 12402. Rejected payments will result in penalties.

CANCELLATION POLICY:

Cancellations with 121 days or more prior to departure-full refund, the cost of trip cancellation & interruption insurance is retained. Between 120 and 91 days prior to departure \$800 per person is retained; 90 and 61 days 50% is retained, 60 and 31 days 85% is retained, 30 days 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.

Destinations Ireland 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 program April 06-14, 2024, and I accept the terms and conditions and agree to pay my balance in full no later than January 15, 2024.

SIGNATURE: _____

DATE: ____/____/____