



**7 STEP REGISTRATION**  
(Follow the numbered steps)



**Mater Dei Tours™**

***The Holy Land - The Amazing Pilgrimage!***

June 14th - 24th, 2010

1a

1b



**\*\* Please check your desired Room Occupancy below \*\***

- Single Private Room |  Sharing Room with 2nd person below  
 Sharing room (please find me a roommate) |  Triple Occupancy



**YOUR NAME MUST BE PRINTED AS IT APPEARS ON YOUR PASSPORT or HOW IT WILL APPEAR ON YOUR PASSPORT APPLICATION. FAILURE TO DO SO MAY RESULT IN PENALTIES OR DENIED BOARDING AT THE AIRPORT.**

**1st Passenger Information**

2a

|   |  |  |  |  |                  |  |  |  |  |                                    |  |  |  |  |                             |  |  |  |  |                    |  |  |  |  |         |  |  |  |  |       |  |  |  |  |
|---|--|--|--|--|------------------|--|--|--|--|------------------------------------|--|--|--|--|-----------------------------|--|--|--|--|--------------------|--|--|--|--|---------|--|--|--|--|-------|--|--|--|--|
| Last Name as on passport (or passport application) ▲                          |  |  |  |  |                  |  |  |  |  | First Name as on Passport ▲        |  |  |  |  |                             |  |  |  |  | Middle ▲           |  |  |  |  |         |  |  |  |  |       |  |  |  |  |
| Address ▲   |  |  |  |  |                  |  |  |  |  |                                    |  |  |  |  | City ▲                      |  |  |  |  |                    |  |  |  |  | State ▲ |  |  |  |  | Zip ▲ |  |  |  |  |
| Gender ▲  |  |  |  |  | Date of Birth ▲  |  |  |  |  | Place of Birth (i.e.: Wisconsin) ▲ |  |  |  |  | Phone Number(s) ▲           |  |  |  |  |                    |  |  |  |  |         |  |  |  |  |       |  |  |  |  |
| Passport Number (or applied for) ▲  |  |  |  |  |                  |  |  |  |  | Date of Issue ▲                    |  |  |  |  | Date of Expiration ▲        |  |  |  |  | Country of Issue ▲ |  |  |  |  |         |  |  |  |  |       |  |  |  |  |
| Emergency Contact ▲   |  |  |  |  | Daytime Number ▲ |  |  |  |  | Evening Number ▲                   |  |  |  |  | Your Dietary Restrictions ▲ |  |  |  |  |                    |  |  |  |  |         |  |  |  |  |       |  |  |  |  |
| Special Requests (diets, disabilities, notes, needs, special request, etc.) ▲ |  |  |  |  |                  |  |  |  |  |                                    |  |  |  |  |                             |  |  |  |  |                    |  |  |  |  |         |  |  |  |  |       |  |  |  |  |

2b

**2nd Passenger Information**

|   |  |  |  |  |                  |  |  |  |  |                                    |  |  |  |  |                             |  |  |  |  |                    |  |  |  |  |         |  |  |  |  |       |  |  |  |  |
|---|--|--|--|--|------------------|--|--|--|--|------------------------------------|--|--|--|--|-----------------------------|--|--|--|--|--------------------|--|--|--|--|---------|--|--|--|--|-------|--|--|--|--|
| Last Name as on passport (or passport application) ▲  |  |  |  |  |                  |  |  |  |  | First Name as on Passport ▲        |  |  |  |  |                             |  |  |  |  | Middle ▲           |  |  |  |  |         |  |  |  |  |       |  |  |  |  |
| Address ▲   |  |  |  |  |                  |  |  |  |  |                                    |  |  |  |  | City ▲                      |  |  |  |  |                    |  |  |  |  | State ▲ |  |  |  |  | Zip ▲ |  |  |  |  |
| Gender ▲  |  |  |  |  | Date of Birth ▲  |  |  |  |  | Place of Birth (i.e.: Wisconsin) ▲ |  |  |  |  | Phone Number(s) ▲           |  |  |  |  |                    |  |  |  |  |         |  |  |  |  |       |  |  |  |  |
| Passport Number (or applied for) ▲  |  |  |  |  |                  |  |  |  |  | Date of Issue ▲                    |  |  |  |  | Date of Expiration ▲        |  |  |  |  | Country of Issue ▲ |  |  |  |  |         |  |  |  |  |       |  |  |  |  |
| Emergency Contact ▲   |  |  |  |  | Daytime Number ▲ |  |  |  |  | Evening Number ▲                   |  |  |  |  | Your Dietary Restrictions ▲ |  |  |  |  |                    |  |  |  |  |         |  |  |  |  |       |  |  |  |  |
| Special Requests (diets, disabilities, notes, etc.) (If you have a third passenger in the room, please write the name here & fill out a new form) |  |  |  |  |                  |  |  |  |  |                                    |  |  |  |  |                             |  |  |  |  |                    |  |  |  |  |         |  |  |  |  |       |  |  |  |  |

3

**Insurance**

**Travel Guard Insurance must be either declined below or accepted on the following page by adding it to your deposit.**  
The premium for the Travel Guard insurance is in addition to the trip cost.  
This insurance must be purchased within 21 days of registration and initial trip deposit in order to cover pre-existing medical conditions.  
If you sign up within 21 days from sending your trip registration, the Vacation Travel Protection Plan Includes (call Travel Guard for full details of policy)

|   |   |
|---|---|
| <b>Tour Cost</b> – Trip Cancellation & Interruption<br><b>\$750</b> – Trip Delay (\$150 maximum per day)<br><b>\$500</b> – Missed connection<br><b>\$1000</b> – Baggage & Personal Effects<br><b>\$300</b> – Baggage Delay<br><b>\$50,000</b> – Medical Expense | <b>\$300,000</b> – Emergency Medical Transportation<br><b>\$25,000</b> – Accidental Death & Dismemberment<br><b>Included</b> – Travel Medical Assistance & Worldwide Travel Assistance<br><b>Included</b> – Live Travel Emergency Assistance<br><b>Included</b> – Concierge Services<br><b>Included</b> – Identity Theft Services |
|---|---|

|   |  |                   |
|---|--|-------------------|
| <p><b>INSURANCE INSTRUCTIONS (PLEASE READ)</b></p> <p>If you wish to decline the Travel Guard insurance, then please sign your name on the box on the right. If you wish to sign up for insurance, please ignore the signature box on the right and simply add your insurance cost on the next page.<br/>(Additional cost from <b>\$171</b> to <b>\$187</b> per person - see next page)</p> | <p>I <b>DO NOT</b> WANT TRAVEL INSURANCE (Please sign below)</p> |                   |
|   | <p>Signature Passenger #1 _____</p>                              | <p>_____ Date</p> |
|   | <p>Signature Passenger # 2 _____</p>                             | <p>_____ Date</p> |
| <p>With my above signature I <b>decline</b> Travel Guard Insurance.</p>   |  |                   |



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**Tour Pricing**

| Tour Detail   | Cost per passenger | # passengers | Total |
|---|--------------------|--------------|-------|
| Basic Tour Package from Chicago: Price per person based on double occupancy, sharing room with another passenger (2 people in 1 room).  | \$2,649            | X            | \$    |
| Taxes and Fees* (US departure taxes, international fuel surcharges, Canadian & Israeli entry, travel & security fees, immigration, customs and agriculture fees.<br>* (required for all packages except "land-only" packages.)  | \$475              | X            |       |
| Additional options or discounts (write in -\$50/person if registered prior to 2/17/10) >>>  |                    | X            |       |
| Optional Single Room Supplement: Single room occupancy, one room per person * (room availability is very limited)   | +\$450             | X            | \$    |
| Optional Triple Room Discount: A per person discount offered when 3 people are sharing 1 room * (room availability is extremely limited)  | -\$20              | X            | \$    |
| Optional Land Only Package* This price does not include any air transportation. (Passenger assumes responsibility to meet group at first hotel of itinerary. Please read "Land Only Bookings" in Terms and Conditions) * Rate shown is in double occupancy. For Single occupancy, please add the optional single supplement above. This rate does not require the taxes & fees above. | \$1,949            | X            | \$    |
| Optional Travel Guard Insurance: A \$5 processing fee from Travel Guard is included, *(Add \$16 more for single occupancy passengers).<br>Skip this step if you declined insurance by signing on the bottom of the first page.  | \$171*             | X            | \$    |

**Total Cost of Package** ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ \$

|   |   |   |
|---|---|---|
| Required Deposit is \$500.00 per person. Insurance Must be Declined on Registration Form or it will automatically be added. | Deposit of \$500 per person <b>plus Insurance</b> Or Final Payment (Registration deadline <b>31 March 2010</b> or while space lasts): | \$ <i>advance payment you wish to pay today</i> |
|---|---|---|

**6. Payment Information:**

|  |   |
|--|---|
| Make Checks or Money Orders Payable to:<br><b><u>Landa Cleary Travel Co., Inc.</u></b> | <b>Mail Payments and Reservations to:</b><br>Landa Cleary Travel Company, Inc.<br>P.O. Box 323<br>Wauwaukee, WI 53597<br><b>Or you may fax to: 1 608 849 4247</b> |
|--|---|

**Credit Card Payments:**

CARD HOLDER'S NAME (PLEASE PRINT): ▶▶▶▶

|                    |                      |   |
|--------------------|----------------------|---|
| MasterCard or Visa | MM / YYYY            | Last 3 digits in signature box                            |
| Credit Card Type ▲ | Credit Card Number ▲ | Expiration Date ▲ 3 Digit Security Code on back of card ▲ |

Your Billing Address ▲ (where the credit card sends you your bill) City ▲ State ▲ Zip ▲

Please check mark:  
 Yes  **I have received, read, understand and agree to the Terms and Conditions of this tour**  
 No

▲  CREDIT CARD HOLDER'S SIGNATURE (I agree to pay according to terms & conditions)

X \_\_\_\_\_ Date  
Signature of Traveler #1

X \_\_\_\_\_ Date  
Signature of Traveler #2

With my signature above, I declare that all persons listed on this reservation form have read, understand and accept the terms and conditions of this tour. I declare that I am in good physical health and am able to travel without assistance unless I provide a full time assistant at my own expense. I understand that this pilgrimage may require walking (sometimes from 1 to possibly as many as 3 miles in one visit).