

Mater Dei Tours TM

POLAND, Land of Mercy, Land of Saints with  July 8th – 18th, 2008



**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

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) ▲						Contact 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, etc.) ▲																																			

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) ▲						Contact 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, etc.)																																			

Insurance

Travel Guard/AIG Insurance will be added to your bill unless you choose to decline at the time of original deposit.
The premium for the Travel Guard/AIG insurance is in addition to the trip cost.
This insurance must be purchased within 15 days of registration and initial trip deposit in order to cover pre-existing medical conditions.
Vacation Travel Protection Plan Include (please see Travel Guard/AIG brochure for full details of policy)

Tour Cost – Trip Cancellation & Interruption \$600 – Travel Delay (\$200 maximum per day) \$1000 – Baggage & Personal Effects \$200 – Baggage Delay \$50,000 – Medical Expense	\$300,000 – Emergency Medical Transportation \$25,000 – Accidental Death & Dismemberment Included – Travel Medical Assistance Worldwide Travel Assistance Included – Livetravel Emergency Assistance Included – Concierge Services
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Please check here and sign if you choose to decline Travel Guard/AIG insurance.



Signature Passenger #1

Date



Signature Passenger # 2

Date

With my above signature I decline Travel Guard/AIG Insurance.

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Tour Pricing

Tour Detail	Cost per passenger	# passengers	Total
Tour Package (per person based on double room occupancy) Sharing room with another passenger (2 people in 1 room).	\$2,899	x	\$
Optional Single Room Supplement (single room occupancy, one room per person - room availability is very limited)	\$3,319	x	\$
Optional Triple Room (per person based on triple room occupancy, 3 people in 1 room – room availability is extremely limited)	\$2,879	x	\$
Optional Land Only Package* (Passenger assumes responsibility to meet group at first hotel of itinerary. Read "Land Only Bookings" in Terms and Conditions) * Rate on box appears as double occupancy. Add \$400 if single occupancy is desired.	\$2,199	x	\$
Taxes and Fees (Foreign & domestic taxes & fees are required for all packages except "land-only" packages.)	\$300	x	\$
Travel Guard/AIG Insurance *(Add \$15 more for single occupancy)	\$168*	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 plus Insurance Or Final Payment:	\$ <i>amount you wish to pay today</i>
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Payment Information:

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

NAME OF CREDIT CARD (PLEASE PRINT):

MasterCard or Visa	<input type="text"/>	MM / YYYY	Last 3 digits in signature box
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Credit Card Type ▲	Credit Card Number ▲	Expiration Date ▲	3 Digit Security Code on back of card ▲
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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

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

X Signature of Traveler #1 Date	X Signature of Traveler #2 Date
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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 tour requires walking, from 1 to possibly as many as 5 miles per day.