



7 STEP REGISTRATION
(Follow the numbered steps)



Mater Dei Tours™

Portugal & Spain (Liturgical Conference) with the Canons Regular of St. John Cantius

September 5th to the 14th, 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

STOP 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.**

2a

1st Passenger Information

▲ Last Name as on passport (or passport application) ▲				▲ First Name as on Passport ▲		▲ Middle Names ▲	
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 Names ▲	
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

3

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 with registration and initial trip deposit in order to cover pre-existing medical conditions.

COVERAGE SUMMARY:

Tour Cost – Trip Cancellation & Interruption \$750 – Trip Delay (\$150 maximum per day) \$250 – Missed connection \$1500 – Baggage & Personal Effects \$250 – Baggage Delay \$25,000 – Medical Expense	\$500 - Dental \$250,000 – Emergency Evacuation & Repatriation of Remains \$25,000 – Accidental Death & Dismemberment Included – Travel Medical Assistance & Worldwide Travel Assistance Included – Live Travel Emergency Assistance
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INSURANCE INSTRUCTIONS (PLEASE READ)

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.
 (Additional cost from **\$169 - \$199** per person - see next page)

I DO NOT WANT TRAVEL INSURANCE (Please sign below)

Signature Passenger #1 _____ Date _____

Signature Passenger # 2 _____ Date _____

With my above signature I **decline** Travel Guard Insurance.



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4. Tour Pricing

Tour Detail	Cost per passenger	# passengers	Total
Tour with Air Package from Chicago: Price per person based on double occupancy, sharing room with another passenger (2 people in 1 room).	\$2,250	X	\$
Taxes and Fees (Foreign & US departure taxes, international fuel surcharges & fees. * (required for all packages except "land-only" packages.)	\$385	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. (No taxes & fees required)	\$1,899	X	\$
Optional Single Room Supplement: Single room occupancy, one room per person * (room availability is very limited)	+\$400	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 Travel Guard Insurance: *(Add \$30 more for single occupancy passengers)*** Skip this step if you declined insurance by signing on the bottom of the first page.	\$169	X	\$

Total Cost of Package ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ ⇨	\$
Required per person Deposit is \$500.00 + Optional Insurance. Insurance Must be Declined on section #3 of the Registration Form or it will automatically be added.	Deposit of \$500 per person plus Insurance Or Final Payment (Registration deadline 04 JUNE 2010 or while space lasts):
	\$ <i>advance payment you wish to pay today</i>

6a. 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 <i>Or you may fax to: 1 608 849 4247</i>
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6b. Credit Card Payments:

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

MasterCard or Visa

Credit Card Type ▲ Credit Card Number ▲ Expiration Date MM / YYYY ▲ 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 **No** **I have received, read, understand and agree to the Terms and Conditions of this tour**

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

X _____
 Signature of Traveler #1 Date

X _____
 Signature of Traveler #2 Date

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).