



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



**Mater Dei Tours™**

**Shrines of Our Blessed Mother (Lourdes, Torreciudad, Fatima & More)**

October 13th to the 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 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:**

<b>Tour Cost</b> – Trip Cancellation & Interruption <b>\$750</b> – Trip Delay (\$150 maximum per day) <b>\$250</b> – Missed connection <b>\$1500</b> – Baggage & Personal Effects <b>\$250</b> – Baggage Delay <b>\$25,000</b> – Medical Expense	<b>\$500</b> - Dental <b>\$250,000</b> – Emergency Evacuation & Repatriation of Remains <b>\$25,000</b> – Accidental Death & Dismemberment <b>Included</b> – Travel Medical Assistance & Worldwide Travel Assistance <b>Included</b> – 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 **\$189 - \$205** 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.

