

Our Lady of the Scapular Pilgrimage to Canada — May 25-29, 2020

Please complete all fields in blue.

1. TRAVELER (ONE FORM PER PERSON, PHOTO COPIES OF FORM ARE PERMITTED):

Full Name

(AS IT APPEARS ON YOUR GOVERNMENT ISSUED ID)

Birth date

Primary Phone Number

Email Address*

* It is important for travelers to supply their email address and to notify Corporate Travel Service of any address changes. Updates about your trip will be sent by email, so it is important that settings in your email system allow communication from addresses originating at ctscentral.net.

PRICING

\$1,579	Regular price, per person after Sept. 30, 2019
-\$100	Book by Sept. 30, 2019 and save \$100
\$1,479	Early booking cash discount price (double occupancy)

2. TOUR OPTIONS

A. Single Occupancy: I prefer a single room and will pay an additional \$450, which is due with my balance.
Note: Availability of single rooms is very limited

B. Double Occupancy: I would like a roommate. I understand that I must pay the single supplement if no roommate is found. Preferred Roommate (IF KNOWN)

Tour Amount

1. \$

If "Single Occup." selected, fill in the cost of "\$450"

2a. \$

3. TRAVEL PROTECTION (IF SECTION LEFT BLANK, YOUR RESERVATION FORM WILL NOT BE PROCESSED & YOU WILL NOT BE CONFIRMED ON THIS TRIP)

Travel Protection is HIGHLY SUGGESTED. Please check the box below that indicates what type of travel protection you wish to purchase. Please refer to group plan pricing rates below. Please check the box declining travel protection if you do not wish to purchase travel protection. Plans contain time sensitive benefits so we encourage travelers to purchase a plan at the time of initial trip deposit. Cancel For Any Reason (CFAR) coverage is available - CFAR coverage is 75% of the nonrefundable trip cost. Trip cancellation must be 48 hours or more prior to scheduled departure. CFAR must be purchased at the time of plan purchase and within 14 days of your initial trip deposit. This benefit is not available to residents of New York State. Travel Protection premiums are non-refundable 14 days after purchase. Premium will not be refunded within the 14 days, if the trip has already departed or a claim is filed.

CTS PROTECTION PLAN OFFERED BY TRAVEL INSURED

Rates:	Travel Protection	With Cancel For Any Reason
\$1,001-\$1,500	\$135	\$203
\$1,501-\$2,000	\$167	\$251
\$2,001-\$2,500	\$210	\$315

Rates Subject to change. *For plan details please refer to the following link:

<https://www.travelinsured.com/docs/docs/corporate-travel-service-group-deluxe.pdf>

Subtotal Amount of Tour for Travel Protection Calculation (Sum of 1 & 2a)

\$

Amount of Travel Protection

3. \$

YOU MUST CHOOSE ONE IN ORDER TO CONFIRM RESERVATION:

- I would like to purchase the Travel Protection Plan (*SEE LINK ABOVE FOR EXPLANATION OF COVERAGE)
- I would like to purchase the Cancel For Any Reason Plan (*SEE LINK ABOVE FOR EXPLANATION OF COVERAGE)
- I decline purchasing travel protection

4. TERMS AND CONDITIONS

Terms & Conditions — www.ctscentral.net/standard-terms-and-conditions/

Liability Release — www.ctscentral.net/liability-release/

I have read and agree to the Terms & Conditions and Liability Release found at the web address above. Furthermore, I have read and agree to the pricing, payment terms, and cancellation terms found herein. I understand that Corporate Travel Service highly suggests the purchase of travel protection including "Cancel For Any Reason" plans, (see terms and conditions for details) and that the cancellation terms and penalties cannot be waived for any reason. If I decline to purchase travel protection, I understand I could lose substantial prepaid monies, and that there may not be full monetary recourse for any flight cancellations or delays by the airlines. I understand that this agreement is with Corporate Travel Service.

Signature

(REQUIRED TO CONFIRM RESERVATION)

Signature of Parent/Guardian if Under 18

Total Amount of Tour (Sum of 1, 2a, 3)

\$

Total Amount Due at Registration* (\$350 + Box 3)

A. \$

*If booking prior to 04/25/2020, if after 04/25/2020 see Section 5: Late/Final Payments

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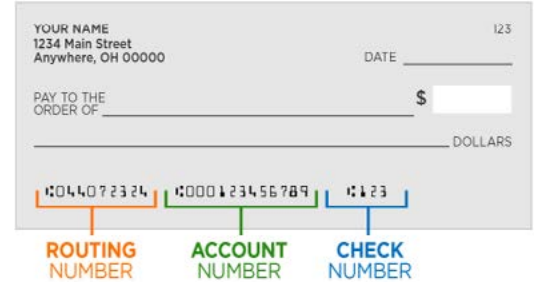
5. PAYMENT TERMS & SCHEDULE

Deposit: \$350.00 per person due on or before 09/30/19
2nd Payment: \$750.00 per person due on or before 02/25/20
Final Payment: Due on or before April 25, 2020

***Final/Late Payments:** We are unable to accept personal checks in our office after April 25, 2020. We will accept cash, bank checks, and money orders only. Payments must be prompt in order for us to meet obligations with our suppliers. Late payments may result in space being cancelled and cancellation fees being assessed. Payments received after final due date will incur a \$20 late fee.

6. CANCELLATION TERMS & SCHEDULE

All cancellations must be received in writing. Penalties will be per the fax or postmark date.
From date of deposit to 01/26/20 \$50.00 penalty per seat
From 01/27/20 to 02/25/20 \$475.00 penalty per seat
From 02/26/20 to 03/26/20 \$945.00 penalty per seat
Less than 60 days No Refund



7. PAYMENT METHOD

*In order to qualify for the cash/check discount, all payments must be made with e-check, check, or cash.

E-CHECK:

ABA Routing Number _____ Account Number _____

CHECKS PAYABLE TO: Corporate Travel Service

CREDIT CARD:

Card Number _____ Security Code (CVV) _____ Expiration MM / YY

8. BILLING INFORMATION

Cardholder/ Account Holder Name _____

Billing Address _____

City _____ State _____ Zip Code _____

9. PAYMENT DUE

Amount Due Upon Registration \$ Box A on Page 1

I hereby authorize Corporate Travel to process the following payments from my credit card or bank account shown above. I understand the authorization is to remain in full force and effect until Corporate Travel receives written notice from me cancelling this payment method. I understand that Corporate Travel and my Financial Institution require a reasonable time to update the payment systems. (CHOOSE ONE OPTION BELOW)

- Today's amount due, and automatic payments per the payment schedule.
- Today's payment due. I will initiate additional payments per the payment schedule.

Signature _____

(REQUIRED TO CONFIRM RESERVATION)

10.) ADDITIONAL INFORMATION

Home Parish _____

Salutation _____ Name for Name Badge _____

Address (IF DIFFERENT FROM BILLING) _____

City _____ State _____ Zip Code _____

PLEASE PRINT AND MAIL FORM & PAYMENTS TO: CORPORATE TRAVEL SERVICE, INC., 41780 SIX MILE ROAD, SUITE 100, NORTHVILLE, MI 48168

T: 866-468-1420 • F: 313-565-3621 • WWW.CTSCENTRAL.NET