

Registration Form

Name of tour,
pilgrimage or program _____
and preferred dates _____

Participant Information	Additional Participants (at same address) and Signatures
Name (as on passport) _____ Passport Number and Nationality _____ Expiration (mm/dd/yyyy) _____ Date of Birth (mm/dd/yyyy) _____ Gender _____ Address _____ City, State/Province, Zip/Postal Code _____ Contact Phone(s) _____ Contact e-mail _____ Signature _____ <input type="checkbox"/> Check to NOT receive our e-newsletter.	Name (as on passport) _____ Passport Number and Nationality _____ Expiration (mm/dd/yyyy) _____ Date of Birth (mm/dd/yyyy) _____ Gender _____ Address _____ City, State/Province, Zip/Postal Code _____ Contact Phone(s) _____ Contact e-mail _____ Signature _____ <input type="checkbox"/> Check to NOT receive our e-newsletter.

*Travel insurance is opt-out, and is only for the stated portion. If you buy airfare separately, you would need to buy additional insurance. You must specifically opt-out or you will be charged for the insurance. Travel Insurance is highly recommended (we have made arrangements with Travel Guard to offer special rates). Please note that certain pre-existing condition waivers apply if, and only if, the insurance is purchased at the time the deposit is made. You may purchase the insurance at a later date but those waivers will not apply. We recommend that you read our Insurance Information and Complete Plan Information. Premiums are non-refundable. Please see our website for details.

I decline (opt-out of) the travel insurance. I have read and understand the above statement concerning the opt-out travel insurance.

Please indicate how you wish to pay

- Charge my card as indicated below *or* Check enclosed as indicated
or Invoice me in full *or* Other (per invoice or other agreement)
- The full amount (+ any supplement and insurance premium, if not opted out above) now;
 The deposit now (including insurance premium, if not opted out); final payment on Final Payment Due Date;
 The deposit now (including insurance premium, if not opted out); payments of equal amounts until Due Date. See website (www.ubiquityinternational.com) or brochure for pricing, payment and refund information.

Payments subject to 8% finance charge. Choose automatic payment or billing. Past due charge \$35. Returned check fee \$35.

Credit Card Payment Authorization

I authorize Ubiquity International, LLC to charge my credit card as indicated:

- VISA MasterCard Discover American Express Other (per invoice or other agreement)

Card Number _____ CVN/CVV† _____ Expiration date _____
 Billing City, State/Province, Zip/Postal Code (if different to above) _____
 Name as it appears on the card, if different to above _____ Contact Phone(s), if different _____ Contact email (if different) _____
 Authorized Signature _____ Date _____

†The CVN is the three digit number on the back of a VISA, MasterCard or Discover card printed after the card number. The CVV is the four digit number printed above the card number on AMEX cards. This number is used to prevent against fraud. Please note that the charge will appear on your statement as PAYPAL*UBIQUITY INTL.

Please tell us how you heard about Ubiquity International.

- Family/Friend Search Engine: _____ Newspaper/Magazine: _____
 Mailing: _____ Other: _____

For internal use
Received: _____
Entered: _____
Insurance: _____
<input type="checkbox"/> declined <input type="checkbox"/> accepted