

TRAVEL REGISTRATION FORM

Please mail completed form with payment and passport copy to:

Shirley Hall | BKIS Consulting Inc.
P.O. Box 1795 - Matteson, IL 60443
708-522-2600 | Shall@bkisconsulting.com

Departure City: _____ Departure Date: 09/10/24 (H)

First, Middle & Last Name must be submitted as it appears on your passport:

Guest 1: First Name: _____ (Name Tag: _____)
Middle Name: _____ Last Name: _____ Title: _____
Street Address: _____ P.O. Box: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Alt. Phone: _____
Email: _____
Birth Date: ____/____/____ State of Birth: _____ Sex: M F
Emergency Contact: _____ Phone: _____
Dietary Restrictions: _____
How did you learn about this tour? _____
Tour Selection: Basic Program Only Add Cairo Extension

Guest 2: First Name: _____ (Name Tag: _____)
Middle Name: _____ Last Name: _____ Title: _____
Street Address: _____ P.O. Box: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Alt. Phone: _____
Email: _____
Birth Date: ____/____/____ State of Birth: _____ Sex: M F
Emergency Contact: _____ Phone: _____
Dietary Restrictions: _____
How did you learn about this tour? _____
Tour Selection: Basic Program Only Add Cairo Extension

Roommate(s): _____ If No Roommate: Try to Match Me Single Room (availability limited - \$998)

\$500 DEPOSIT PER PERSON REQUIRED WITH REGISTRATION / FINAL PAYMENT DUE 05/17/24

via check # _____ via credit card (circle): VISA MASTERCARD DISCOVER AMEX

Card Number: _____ Exp. Date: ____/____/____ CVN: _____

Name on Card: _____

PASSENGER AGREEMENT

By signing and submitting the registration form, I/we certify that I/we have read Passenger Agreement, Program Conditions, and Statements of Responsibility of the brochure, understand its content, and agree to its terms including but not limited to the potential for price increases that may apply before payment in full has been received as set forth in the Program Conditions and Statements of Responsibility of the brochure and potential price increases after payment in full has been received due to government imposed taxes and fees.

Guest 1 Signature: _____

Guest 2 Signature: _____

Tour: TH24 Date: 091024 Code: H ID: 27523

V.001 06/01/23

Travel Protection Plan - Premium Rates

For a full description of the plan, go to: www.tripmate.com/wpF427E

Table with 4 columns: Trip Cost, Plan Cost, Trip Cost, Plan Cost. Includes rows for various trip cost ranges and their corresponding plan costs. Includes sections for 'Important Information Regarding Travel Protection Plan' and 'Guest 1/Guest 2' options.

Conditions and Limitations

This is a brief description of the plan available for all Travel Protection sales for Trips departing January 1, 2013 and after. Certain exclusions and limitations apply and are detailed in the Certificate of Coverage. For example, coverage does not apply to: any Sickness or condition of you, a Traveling Companion or a Family Member traveling with you that existed during the 60 days prior to the effective date of the coverages (The Pre-Existing Condition Exclusion is waived if payment for this plan is received by Educational Travel Services at or before the final payment due date for Your Trip or 105 days before departure date, whichever occurs first.); suicide, normal pregnancy, war or any act of war. Other Covered Reasons, as defined, includes the following events or their consequences: Cancellation or Interruption of your Trip due to: Inclement Weather, unannounced Strike, mechanical breakdown that causes complete cessation of services of Your Common Carrier for at least 12 consecutive hours; a documented traffic accident while en route to departure; being hijacked or quarantined; jury duty; destruction of your home or destination by fire, flood, burglary or natural disaster; being called to the emergency service of government to provide aid or relief in the event of a natural disaster; a documented theft of passports or visas; a transfer of employment of 250 miles or more; or Revocation of military leave. For further information ask for the Certificate of Coverage which fully details the coverages, provisions, limitations and exclusions of the plan offered and is available to you, upon request, at any time prior to your purchase of the plan. This plan is underwritten by: United States Fire Insurance Company, Eatontown, NJ. Benefits are administered by: Trip Mate, Inc., 9225 Ward Parkway, Suite 200, Kansas City, MO, 64114, 1-800-888-7292 (*in CA, dba Trip Mate Insurance Agency).

Additional Cancellation Protection

When You purchase this Travel Protection Plan at or before the final payment due date for Your Trip, you also receive the Educational Travel Services Pre-Departure Cancellation Waiver Benefit that allows you to cancel your Educational Travel Services travel arrangements up to the day of departure for any reason (excludes no shows and those not permitted boarding). With this Educational Travel Services Cancellation Waiver, your non-refundable land cancellation penalties will be refunded in Educational Travel Services travel certificates. Certain travel programs are not eligible for this benefit, such as cruise and land programs listed and detailed on the Educational Travel Services website (www.ets tours.com). Premiums must be paid in addition to initial or second deposit prior to the final payment for coverage to be in effect.

Part A -Travel Arrangement Benefits are provided by Educational Travel Services. Part B - Travel Protection Benefits are provided by United States Fire Insurance Co. *For New York Residents Only: Part A Benefits are travel arrangement benefits underwritten by United States Insurance Company.