

St. Francis of Assisi Choir Pueri Cantores Chicago — Feb. 28, 2020 - Mar. 01, 2020

For more information on tour inclusions: www.ctscentral.net/stcpueri-chi

Please complete all fields in blue.

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

Full Name _____ Birth date MM/DD/YYYY Gender _____ Phone Number _____
(AS IT APPEARS ON YOUR GOVERNMENT ISSUED ID)

Address _____ City _____ State _____ Zip _____

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.

2. ROOM OPTIONS

	<input type="checkbox"/> Quad Occupancy	<input type="checkbox"/> Triple Occupancy	<input type="checkbox"/> Double Occupancy	<input type="checkbox"/> Single Occupancy
Student Price	\$679.00	\$709.00	NA	NA
Adult Price	NA	NA	\$799.00	\$1,019.00

3. TRAVEL PROTECTION

Travel protection is optional, but highly suggested. The cost varies with the price of the trip and age of the traveler. Travel Protection helps provide coverage for many aspects of travel, including trip cancellation and accident and sickness medical expense. Some benefits are time sensitive so we encourage travelers to purchase a plan at the time of initial trip deposit. Please call Travel Insured, toll free at 1-800-243-3174 to purchase a plan, and provide the Customer Care Rep with #47907.

YOU MUST CHOOSE ONE IN ORDER TO CONFIRM RESERVATION:

- I would like to purchase the Travel Protection Plan
- I would like to purchase the Cancel For Any Reason Plan
- I decline purchasing travel protection

4. TERMS AND CONDITIONS

Terms & Conditions — ctscentral.net/standard-terms-and-conditions/ Liability Release — 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 _____

***SIGNATURE REQUIRED FOR PERSON LISTED ABOVE. (PARENT/GUARDIAN MUST SIGN FOR STUDENTS)**

5. PAYMENT TERMS & SCHEDULE

Deposit: * \$280.00 per person due on or before 09/30/19
2nd Payment: \$280.00 per person due on or before 11/30/19
Final Payment: Due on or before 01/29/20

***Final/Late Payments:** Passengers not paid in full by Jan. 29, 2020 will be cancelled off the trip and be subject to the cancellation policy as outlined in the section below. We are unable to accept personal checks in our office after January 29, 2020. We will accept cash, school checks, bank checks, and money orders only. Payments must be prompt in order for us to meet obligations with our suppliers. Payments received after final due date will incur a \$20 late fee.

6. CANCELLATION TERMS & SCHEDULE

All cancellations must be received in writing.

From date of deposit to 10/31/19 \$150 penalty per seat
From 11/01/19 to 12/29/19 \$400 penalty per seat
On or after 12/30/19 No Refund.

Note: Corporate Travel reserves the right to cancel any reservation if payments are not made according to the payment schedule. A \$25 fee will be assessed to any reinstated reservation.

YOUR NAME
1234 Main Street
Anywhere, OH 00000 DATE _____ 123

PAY TO THE ORDER OF _____ \$ _____
_____ DOLLARS

⑈044072324 ⑈000123456789 ⑈123
ROUTING NUMBER ACCOUNT NUMBER CHECK NUMBER

7. PAYMENT METHOD

- E-CHECK:**
ABA Routing Number _____ Account Number _____
- CHECKS PAYABLE TO:** Corporate Travel Service (**\$25 NSF FEE FOR ANY RETURNED CHECKS TO CORPORATE TRAVEL**)
- CREDIT CARD:**
Card Number _____ Security Code (CVV) _____ Expiration MM / YY

8. BILLING INFORMATION

Cardholder/ Account Holder Name _____
Billing Address _____
City _____ State _____ Zip Code _____

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.

Payment Signature _____
(REQUIRED TO CONFIRM RESERVATION)

**PLEASE PRINT, SIGN, & RETURN THIS FORM WITH DEPOSIT TO CORPORATE TRAVEL SERVICE:
41780 SIX MILE RD, SUITE 100, NORTHVILLE, MI 48168, 1-866-550-1081**