



Please register me for:

- ☐ CTZ24: Feb. 23 - March 7, 2024 • \$8,403 land & estimated air from Fargo, per person double occupancy
- ☐ Single Supplement • \$1,100

Passenger Information (1st Traveler)

Please record information exactly as it appears on your passport. Passport information may be sent later if you have yet to obtain a passport.

Legal Name: _____

(Name for name badge): _____

Passport #: _____

Passport Exp. Date: _____

Passport Authority: _____

Date of Birth: _____

Place of Birth: _____

Dietary Needs: _____

Passenger Information (2nd Traveler)

Please record information exactly as it appears on your passport. Passport information may be sent later if you have yet to obtain a passport.

Legal Name: _____

(Name for name badge): _____

Passport #: _____

Passport Exp. Date: _____

Passport Authority: _____

Date of Birth: _____

Place of Birth: _____

Dietary Needs: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____

Work phone/cell: _____ **E-mail:** _____

Emergency Contact Name: _____ **Phone:** _____

Sleeping Preference (circle one): Double bed Twin Beds

Roommate name: _____ **OR Single supplement:** _____ Yes No

Travel Insurance (7.2% of tour cost; policy must be purchased at time of initial deposit to cover pre-existing medical conditions)

- ☐ I wish to purchase Travel Guard insurance and have included the premium with my deposit.
- ☐ I wish to decline the travel insurance offered. I understand I am solely responsible for any cancellation penalties and out of pocket expenses occurred should I have an emergency before or during the tour.

Deposit Payment Information (please check one)

- ☐ Enclosed is my \$ _____ deposit and insurance premium (if applicable). **Make checks payable to Ed-Ventures, Inc..**
- ☐ Please charge \$ _____ deposit and insurance premium (if applicable) to my Discover/MasterCard/Visa

Credit Card Number: _____ **Exp. Date:** _____

Card ID Code:* _____ *last 3 digits in signature box on the back of the card

_____ Initial to acknowledge you understand that Federal law prohibits the carriage of certain hazardous materials in your luggage or on your person aboard aircraft and could result in a fine or imprisonment. Visit **www.tsa.org** for more information.

Prices in this brochure were effective on 6.1.23. By signing below, I understand that price changes are possible at the time of final invoicing, due to exchange rates, an increase in carrier charges, fuel costs, taxes and tariffs, and the number of passengers traveling in the group. I understand that insurance premiums and credit card fees are non-refundable. I agree to the terms and conditions of this tour.

Signature of 1st traveler: _____ **Date:** _____

Signature of 2nd traveler: _____ **Date:** _____



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6.1.23 land & est. air