



12412

# Encore Companion Registration Form

Please use blue or black ink, print in CAPITAL LETTERS and fill in circles completely. Do not staple anything to this form.

## Personal Information

Mr.  Ms.  Mrs.  Dr.  Br.  Sr. Gender:  M  F

Last Name (AS IT APPEARS ON PASSPORT)

First Name

Middle Name

Address  
No P.O. Box

City

State

Zip Code

Home Telephone

Birthdate

you must be 18 or older

MM

DD

YYYY

Email

## Conference Choice

Group Leader's  
Last Name

Group #

Conference

Preferred  
Depart Date

/

/

MM/DD/YY

My trip is:  earned by participant registration  paid for at the companion rate (payment enclosed)  please bill me

## Transportation

U.S. departure city (see chart in the 2013 Encore Global Conferences Booklet for gateways) \_\_\_\_\_.

Estimated travel time to departure airport \_\_\_\_ hrs. (Encore cannot guarantee evening departures.)

 I am booking a connecting flight to my Encore departure city Please quote me a price from a departure city not listed in the 2013 Global Conferences Booklet (specify city): \_\_\_\_\_

## Rooming Choice

Please book me in a:  single room at \$85 extra per night double room, sharing with \_\_\_\_\_ 2 single beds  1 double bed triple room, sharing with \_\_\_\_\_ and \_\_\_\_\_

If you do not specify a rooming choice, you will be assigned a roommate.

## Optional Services

 Please book me for \_\_\_\_ extra day(s) at the beginning and/or \_\_\_\_ extra day(s) at the end of my trip. **Encore will bill me for any additional airline fees.** I will arrange my own accommodations for the extra days. Encore will provide accommodations for me based on:  Twin/double room at an additional \$130 per person per night Single room at an additional \$210 per person per night Triple room at an additional \$130 per person per night

Additional fees may apply on Ultimate and Elite trips, contact your tour consultant for details.

## Protection Plan: Encore requires that you accept/decline protection

 I am a 2013 Encore (Assistant) Group Leader and therefore covered by the Ultimate Protection Plan.  Yes: Sign me up for the Ultimate Protection Plan. Yes: Sign me up for the Comprehensive Protection Plan.  No: I decline the additional coverage beyond the Basic Protection Plan.

## Signature

I have read and agree to the Terms and Conditions, including the terms of eligibility, companion trip fees and cancellation penalties.

Signature

Date