

Prelude Registration Form

34591

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

| Group # | | Please | e list number | of compa | nions you | will be tr | aveling w | vith: | | | | | | |
|--|---|---------------------|------------------|-----------------|-----------------|----------------|---------------|---------------|---------------|-----------|------------|-----------|------|-----|
| Personal Information | 1: Encore mails ye | our airline tickets | via express mail | l. List an addr | ess where so | meone can s | ign for a pac | ckage during | g the day. We | cannot ma | il tickets | to a P.O. | Box. | _ |
| ○ Mr. ○ Ms. | O Mrs. | O Dr. | O Br. | ○ Sr. | | | Gender: | | O F | \circ x | | | | |
| Preferred Pronouns: | O 1,110. | O 51. | O 51. | O 51. | | | ovnuvi. | O 1.12 | 0 1 | O | | | | |
| Treferred Fromouns. | | | | | | | _ | | | | | | | |
| Last Name (AS IT APPE | ARS ON PAS | SPORT) | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| First Name | | | | | | Middle Name | | | | | | | | |
| Address No P.O. Box | | | | | | | | | | | | | | |
| City | | | | | State | | Zip Code | | | | | | | |
| Home Telephone | | | | | Birthda MM/D | ate D/YYYY | | / | | / | | | | |
| Email | | | | | | | | | | | | | | |
| Passport Info | | | | | | | | | | | | | | _ |
| Passport Number Expiration Date | | | | | | | | | | | | | | |
| Country of Issue Issue Date | | | | | | | | | | | | | | |
| Transportation (See v | www.encoretour | s com/directors | /prelude.cfm f | for list of US | S gateways | .) | | | | | | | | _ |
| Transportation (See www.encoretours.com/directors/prelude.cfm for list of US gateways.) U.S. departure city 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 (specify city): | | | | | | | | | | | | | | |
| Rooming Choice Please book me in a: O single room at \$85 extra per night O double room, sharing with O 2 single beds O 1 double bed | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | _ | |
| Optional Services O 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 \$50 per person for extending my ticket. I will arrange my own accommodations for the extra days. | | | | | | | | | | | | | | et. |
| ○ Encore will provide accommodations for me based on: ○ Twin/double room at an additional \$150 per person per night ○ Single room at an additional \$250 per person per night | | | | | | | | | | | | | | |
| Protection Plan: Enc | ore requires th | at you accept | /decline prot | ection | | | | | | | | | | _ |
| Yes: Sign me up for the Ultimate-Plus Protection Plan (Add \$50/day) Yes: | | | | | | | | | | | | | | |
| Sign me up for the Ulti | nate Protection | Plan (Add \$35 | 5/day) | O No: | I decline | the additio | nal cover | age beyor | nd the Basi | c Protect | on Plar | 1. | | |
| RETURN TO: Encore Prelude 330 Congress Street Suite 5 | understand that if I cancel my trip less than one month prior to departure, I will be subject to the penalties listed in the Terms and Conditions. O Congress Street | | | | | | | | | | | | | |
| Boston, MA 02210 | Signature | | | | | | т |)ata | | | | | | |
| | Signature | | | | | | 1 | Date | | | | | | |