



This Box is for AMI Office Use Only:

Date Registration Received:	Deposit: \$	Check #	
Date of Insurance Enrollment:	Plan Cost: \$	Check #	
[] F/P [] L/O [] Comp [] Qbed: Date Invoice Received:			
Comment:			Passport:

Group Code:
0219gregg/michael-St John

**Pilgrimage to Israel, the Holy Land
St. John the Evangelist, Streamwood, IL
Led by Fr. Gregg Gorczyca and Deacon Michael Benoit
February 4-13, 2019**

Secure your seats REGISTER NOW! Initial trip deposit of \$350 required. **Final payment due:** December 5, 2018.

Package price in double room occupancy per person: \$2,465 plus departure taxes and fuel surcharges.

For single room supplement add: \$725

- Departure taxes and fuel surcharges as of June 2018: \$502 (subject to increase or decrease at time of ticketing).
- For Credit card payment/Visa/Master Card/American Express: surcharge 3.5%
- Package price is based on minimum of 20 participants.

Passport Validity Rule: It is the responsibility of the traveler to make sure that his/her passport is valid at least six months or longer after date of travel. For non USA passport; please check with AMI Travel if an entry visa is required.

IMPORTANT: Please submit a copy of your passport picture page. NO ticket will be issued without a copy of passport.

Name as printed on passport:

Surname:	Name/Middle Name:	Gender:
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US Passport #	Expiration Date: (month/date/year)	Date of Birth: (month/date/year)
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Non US Passport/ Nationality:	Passport #:	Expiration Date: (mm/dd/year):
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Street Address:	City:	State:	ZIP:
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Email Address:	Home Phone #:	Cell Phone #:
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Preferred Name on Name Badge:	Frequent Flyer Mileage ID # (if any)	TSA Pre <input checked="" type="checkbox"/> (KTN):
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Meal Request (diabetic, vegetarian etc based on availability)	In Case of Emergency: name of contact person:	Telephone #:
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Please check applicable box below.

- I have a special request. Please describe _____
- I have a roommate: his/her name is: _____
- Please find me a roommate based on availability
- I would like to request for a single room for **additional \$725**
- I have medical concerns (please describe: medication, portable medical equipment, etc.)
- I need wheelchair at the airports. If wheelchair is needed during the tour check with AMI Travel before signing up..

Please read this fine print.

RESPONSIBILITY: AMI Travel Inc. and its representatives act only as agents for the tour members in making arrangements for hotels, transportation, restaurants, sightseeing or any other services in connection with the itinerary. AMI Travel assumes no liability whatsoever for any injury, damage, loss, accident, irregularity or delay to person or property for any reason including, but not limited to, acts of war or terrorism, any act or default of any hotel, carrier, restaurant or any other company or person rendering any of the services included in the tours. The tickets, coupons, tariffs, rules or contracts currently in use by any carrier, hotel, restaurant or other contractor rendering services shall constitute the sole contract between such contractor and the tour member. AMI Travel accepts no responsibility for any damage or delay for any reason, including, but not limited to, sickness, pilferage, labor disputes, machinery breakdown, quarantine, government restraints, weather or any other cause. No carrier shall be responsible for any act, omission or events while passengers are not on board its own conveyance. The right is reserved to cancel or change itineraries or substitute services without notice and to decline to accept or retain any passenger at any time. In view of statutory or contractual limitations that may apply to personal injury or property damage or loss, we strongly recommend the purchase of accident and baggage insurance.

AMI TRAVEL CANCELLATION AND REFUND POLICY

Notification of cancellation must be submitted in writing (via email, or regular mail). Please make sure that your notice of cancelation is received at Ami Travel's office.

Receipt of Cancellation:	Cancellation Fee Per Person:
From sign up day to 10 days after:	\$75
Up to 75 days prior to departure:	\$350
Cancellation between 74-60 days prior departure	\$1000
Cancellation between 59-31 days prior departure	\$2000+ if any penalties imposed by the airlines or suppliers
Less than 30 days prior to departure: NO REFUND	NO REFUND

Traveler's protection is optional yet recommended. Last day to purchase insurance by final payment date. Please check applicable box below.

- Enclosed is my trip deposit of \$350 per person
- Yes, I read that the full and final payment is due by December 5, 2018

Protection Plan Enrollment – for USA & Canadian residents only

- YES, please add travel protection. I have read and agree to the terms, conditions, limitations and exclusions found in the Description of Coverage. Enclosed is my enrollment. I have enclosed two checks made payable to AMI Travel. For Trip Deposit \$350; for Insurance \$_____ (please fill out the applicable amount).**
- No, I do not wish to purchase travel protection. I have been advised that a travel protection plan is available and recommended. I am aware of the cancellation policy**
- Enclosed is my trip deposit of \$350 per person and a separate insurance check (if applicable).**

Name/s of insured: _____

Signature: _____ Date: _____

Trip Dates: Departure Date: _____ Return Date: _____

By signing below, I affirm that all the information I have provided on this application is accurate. In addition, I affirm that I have read and agreed to the terms and conditions included with this tour package.

Sign here:

Date:

Please make all checks payable to AMI Travel, Inc. and mail to:
AMI Travel
5803 N. Cicero Ave.
Chicago, IL 60646

360° Group Optional Travel Protection (recommended)

Group Code: ACGB-1217		Name of Group:	Departure Date:	Return Date:
Trip Cost Per Person	CHOICE Plan Cost Maximum Coverage Per Person	Schedule of Coverages & Services		
\$0	\$25	Plan Benefits	Maximum Coverage per person (up to limits shown below)	
\$1 - \$500	\$50	Trip Cancellation	100% of Insured Trip Cost	
\$501 - \$1000	\$75	Trip Interruption	150% of Insured Trip Cost	
\$1,001 - \$1,500	\$105	Trip Delay	\$250 per day	
\$1,501 - \$2,000	\$137	Missed Cruise Connection	\$1,000	
\$2,001 - \$3,000	\$187	Baggage & Personal Effects	\$1,500	
\$3,001 - \$4,000	\$248	Baggage Delay	\$250	
\$4,001 - \$5,000	\$313	Emergency Medical & Dental Expenses	\$25,000	
\$5,001 - \$6,000	\$373	Emergency Evacuation & Repatriation	\$150,000	
\$6,001 - \$7,000	\$435	Accidental Death & Dismemberment	\$10,000	
\$7,001 - \$8,000	\$498	Travel Assistance & Concierge Services	Included	
\$8,001 - \$9,000	\$559	Coverages listed are up to the limits.		
\$9,001 - 10,000	\$621	<ul style="list-style-type: none"> ✓ Pre-existing Exclusion Waiver at or before final payment. ✓ Available to purchase 24 months in advance of departure. ✓ Protection plan coverage up to \$15,000 per person. 		
Pricing available up to \$15,000		Questions? For specific questions regarding the protection plan, call Travelex Insurance Services at 1-888-574-7026 and refer to product code ACGB-1217.		

Note: In order to waive the Pre-existing Medical Condition Exclusion you must purchase with or before final payment for your covered trip and be medically fit to travel at the time of purchase.

The purchase of this product is not required in order to purchase any other travel product or service. Your travel retailer might not be licensed to sell travel insurance and will only be able to provide general information about the product. An unlicensed travel retailer may not answer questions about the terms and conditions of the insurance offered and may not evaluate the adequacy of your existing insurance coverage. The products being offered provide insurance coverage that only applies during your covered trip. You may have insurance coverage from other sources that provide similar benefits but may be subject to different restrictions depending upon the coverage. You may wish to compare the terms of the travel policy offered through Travelex with any existing life, health, home and automobile insurance policies you may have. If you have questions about your coverage under your existing insurance policies, contact your insurer or insurance agent or broker. Consumers in California may also contact: California Department of Insurance Hotline [800.927.4357](tel:800.927.4357) or [213.897.8921](tel:213.897.8921). Travelex CA Agency License #0D10209. Consumers in Maryland may contact: Maryland Insurance Administration [800.492.6116](tel:800.492.6116) or [410.468.2340](tel:410.468.2340). To view fraud warning disclosures, visit <https://www.travelexinsurance.com/company/fraud-warning>. Travel Insurance is underwritten by Berkshire Hathaway Specialty Insurance Company; NAIC #22276.



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