

**TRAVEL REGISTRATION FORM**

Make Checks Payable & Mail to:  
**Noseworthy Travel Services**  
P.O. Box 6378 • Lakeland, FL 33807-6378  
phone: 800-929-4684 ext 1 fax: 863-647-4411 email: nts@travelwithus.com

Tour = NH09  
Date = 110909B  
ID# = 51979

**Host: Faith Temple Church ID#: 51979**

Departure Date: \_\_\_\_\_ Departure City: \_\_\_\_\_

Legal Name: \_\_\_\_\_  
first, middle and last as it appears on your passport

Title: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
Mr, Mrs, Ms, Rev, Dr if different than above

Street Address: \_\_\_\_\_

P.O. Box: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: Area Code (\_\_\_\_) \_\_\_\_\_

Work Phone: Area Code (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Yes, I am interested in receiving emails about my trip and other NTS promotional items

Sex:  M  F Age: \_\_\_\_\_ Nationality: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year

First Trip with NTS  Traveled Previously with NTS

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: w/Area Code \_\_\_\_\_

**COMPLETE this SECTION ONLY IF a CHILD or SPOUSE is TRAVELING WITH YOU**

Legal Name: \_\_\_\_\_  
first, middle and last as it appears on your passport

Title: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
Mr, Mrs, Ms, Rev, Dr if different than above

Sex:  M  F Age: \_\_\_\_\_ Nationality: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year

First Trip with NTS  Traveled Previously with NTS

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: w/Area Code \_\_\_\_\_

Non-Smoking;  Smoking

Your Roommate: \_\_\_\_\_

Please try to match me with a Roommate

I want a single room (availability limited)  \$500 additional (Basic)

**Travel Protection Plan:**

I/We Accept the Travel Protection Program (See coverage box)

I/We Decline the Travel Protection Program

**Important Information Regarding the Travel Protection Program:**

- 1) Insurance coverage cannot be added after you have paid in full.
- 2) Premium is based on TOTAL cost of trip and is non-refundable.
- 3) Coverage begins when your premium payment is received by NTS (made separately from deposit & clearly designated as your insurance premium).

**PAYMENT:**

via check - Payable to Noseworthy Travel Services, Inc.

via credit card (circle): **VISA MASTERCARD DISCOVER**

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_  
MO YR

Name as it Appears on Card: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

CVN (3 digit number on back of card) \_\_\_\_\_

**Full Deposit of \$300 per Person Required**

PASSPORT INFORMATION REQUIRED 90 DAYS PRIOR TO DEPARTURE

**FULL PAYMENT IS DUE BY JULY 29, 2009**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_  
minors require parental or guardian signature

Enrollment in and payment of deposit constitutes your acceptance of the "Fine Print". Educational Opportunities Tours is the tour operator and is solely responsible for the travel program. Educational Opportunities Tours is registered with the State of Florida as a Seller of Travel. Registration No. ST24130. CST2027682-40

01/29/09

**FINE PRINT**

**YOUR ACCOMMODATIONS** will be in first class and/or deluxe hotels. If you do not have a roommate and NTS is unable to arrange one, you must pay a supplemental room charge of \$500. All single rooms are subject to availability and may be smaller than normal twin rooms.

**YOUR LUGGAGE** (one suitcase) will be handled for you upon arrival overseas (after you clear customs), transferred between hotels, piers, etc. Your carry-on will be your own responsibility.

**PAYMENT:** A full deposit of \$300 per person is required. Final payment for the trip, including insurance premium, is due **JULY 29, 2009**. Thereafter, a late payment fee of \$100.00 will be assessed.

**NOT INCLUDED IN PRICE:** 1) Optional Travel Insurance Program; 2) Miscellaneous fees such as individual Transfers; Passports, Laundry, Beverages at Meals; Excess Baggage and Items of a Personal Nature; 3) Visas for non-USA citizens; 4) Fuel surcharges which may be imposed by airlines and other suppliers. If applicable, fuel surcharge will be paid by the passenger.

**CHANGES:** When a written request to change the standard program is approved by NTS, a minimum of \$80 per person, per change will be charged. Transfers for such passengers are not included in the program price and are solely the responsibility of the passenger.

**CANCELLATION FEES:** 100% of Cancellation Fees are covered by the optional Travel Insurance Program provided premium has been paid and reason for cancellation is insurable. Those who do not take insurance should be aware of the following cancellation penalties: From day of registration to 105 days prior to departure, you will be charged an \$90 non-refundable administrative fee plus any airline fees. Additionally, thereafter, you will be charged any airline penalties and a single room supplement if your cancellation forces your roommate into a single plus the following charges: 104-60 days = \$400; 59-45 days = \$600; 44-31 days = 40% of total cost; 30 days to day of departure = 100% of total cost. Cancellation request must be submitted in writing to NTS. On or after day of departure, there is no refund for any service not used.

**AIRLINE TICKETS:** Once purchased, airline tickets cannot be changed or refunded. Air transportation to/from your destination will be economy class aboard IATA and ARC carriers utilizing APEX or SUPER APEX non-refundable, non-amendable tickets for groups of 10 or more flying together for the entire itinerary.

**ITINERARY LENGTH:** Your flight times are subject to change without advanced notice. NTS is not responsible for changes and delays in airline schedules and does not reimburse passengers for expenses resulting from delays. Because airlines often change flight times and dates at the last minute, NTS strongly recommends the purchase of domestic tickets which can be changed without heavy fees and penalties. If airline(s) change flight schedules, NTS reserves the right to lengthen or shorten the itinerary accordingly, and whenever possible, you will be notified in writing. If changes necessitate extra overnights, you will be charged (per night) \$100, single rooms \$150.

**STATEMENT OF RESPONSIBILITY:** Except for the willful negligence of its direct employees, the tour operator assumes no liability or responsibility for any injuries, inconveniences, illness, irregularity or incidental damages occasioned by circumstances beyond the control of tour operator, or by any person or reason whatsoever, including but not limited to events such as strikes, revolts, wars, natural disasters, closures of airports or hotels, default or omission of any common or private carrier or the default, negligence, or omission of and by any third party providing services or facilities related to or included in this tour or any part thereof, or in arranging for the same, or the acts or omissions of the Tour Host(ess). Enrollment in and payment for the tour, constitutes your acceptance of the Program Conditions and Statement of Responsibility. The program conditions become a binding contract when your enrollment and payment are received and accepted by Educational Opportunities Tours, Inc., doing business as Noseworthy Travel Services in Lakeland, Florida. Venue for any disputes is Polk County Florida. This contract shall be governed by the laws of the state of Florida. Educational Opportunities Tours is registered with the State of Florida as a Seller of Travel. Registration No. ST-14211. CST2027682-40 02/04

**Travel Protection Plan**  
CONVENIENTLY AVAILABLE WITH ALL OUR TOUR PACKAGES  
Premium Rates for This Tour

Trip Cost	Plan Cost	Trip Cost	Plan Cost	Trip Cost	Plan Cost
\$1001 to \$1500	.....\$ 99	\$3501 to \$4000	.....\$249	\$6001 to \$7000	.....\$399
\$1501 to \$2500	.....\$169	\$4001 to \$5000	.....\$299	\$7001 to \$8000	.....\$449
\$2501 to \$3500	.....\$219	\$5001 to \$6000	.....\$349		

Schedule of Coverages	Maximum Benefit
Accidental Death & Dismemberment	.....\$25,000
Medical Expense / Emergency Assistance	.....\$25,000
Pre-Departure Trip Cancellation	.....Up To Trip Cost
Post-Departure Trip Interruption	.....Up To Trip Cost
Travel Delay (maximum of \$100 per day)	.....\$ 500
Baggage & Personal Effects	.....\$ 1,000
Baggage Delay	.....\$ 100

THIS IS A BRIEF DESCRIPTION OF THE PLAN, FOR FURTHER INFORMATION ASK FOR THE TRAVEL INSURANCE CERTIFICATE WHICH FULLY DETAILS THE COVERAGES, PROVISIONS, LIMITATIONS AND EXCLUSIONS OF THE PLAN OFFERED AND IS AVAILABLE TO YOU, UPON REQUEST, AT ANY TIME.

This plan does not cover a loss that results from an illness, disease, or other condition (of you, an Immediate Family Member, Traveling Companion or Business Partner), event or circumstance which occurs at a time when this plan is not in effect for you.

**Conditions and Limitations**

Certain exclusions and limitations apply and are detailed in the Travel Insurance Certificate which will be included with your confirmation invoice and is also available to you, upon request, at any time prior to your purchase of the plan. For example, coverage does not apply to; any sickness or condition that existed during the 60 days prior to the effective date of the coverages,\* suicide, normal pregnancy, war or any act of war, mental or nervous disorders. Other Covered Events, as defined, includes the following events or their consequences: 1) Post-Departure Trip Interruption due to cancellation of arrangements by an airline, cruise line, or tour operator due to strike, mechanical breakdown or bad weather (Maximum of \$100 per day/\$500 total) or 2) cancellation or interruption of your trip due to: a documented traffic accident while en route to departure; jury duty; destruction of your residence by a natural disaster; or a documented theft of passports or visas. A Traveling Companion is defined as a person booked to share accommodations in the same room or cabin with you during your trip. Sickness or Injury must require care by a Physician and must commence while this plan is in effect for you. This plan is underwritten by: Stonebridge Casualty Insurance Company, Columbus, OH. This Plan is offered & administered by: Trip Mate (In CA, Trip Mate Insurance Agency), 9225 Ward Parkway, Suite 200, Kansas City, MO 64114 (800) 888-7292 464-03

\* This travel protection plan covers you if you must cancel or interrupt your trip due to a pre-existing medical condition -- if you purchase the plan at or before the final payment due date for your trip and are not disabled from travel at the time of your plan payment.