



This Box is for AMI Office Use Only:

Date Registration Received:	Deposit: \$	Check #
Date of Insurance Enrollment:	/ /	/ /

Group Code:

0523St Mary/Marian Shrines

Marian Shrines Pilgrimage
Join Father Radley Alcantara & Deacon Bob Thomas
on a European Journey Following Saints of the faith.
May 02 - May 13, 2023

Secure your seats REGISTER NOW! No registration will be processed without a deposit.

Package price per person in twin room: \$4,297 plus international departure taxes and fuel surcharges.

- **International departure taxes and fuel surcharges** included up to \$457. Exact amount to be finalized at ticketing time.
- **Single room supplement add:** \$745 (based on availability)
- **Final Payment due by:** February 28, 2023

Passport Validity Rule: It is your responsibility to make sure that your passport be valid at least 6 months or longer after your date of travel. For non-USA passport holders: Please check with us if an entry visa is required. *Must submit a copy of your passport "information/photo page only."* No ticket will be issued without a copy of passport. Six months passport validity rule: It is the responsibility of every traveler to ensure that his/her passport is valid for at least 6 months or longer upon return date to USA.

To register online, go to <https://www.explority.com/groups/nli/6395cc9088883f00043d2488> or simply fill out the form below.

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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TSA or Global Entry ID # (if any). MUST be submitted at time of registration.	Frequent Flyer Mileage # (if any) MUST be submitted at time of registration.
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In Case of Emergency: Name of contact person:	Email:	Telephone #:
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Please check applicable box below.

- ☐ I would like to request for a single room supplement.
- ☐ Please find me a roommate (based on availability).
- ☐ I/we prefer separate beds (one bed for couple unless separate bed is requested).
- ☐ I have a roommate: his/her name is: _____
- ☐ I have medical concerns (please describe medication, portable medical equipment, etc.) _____

Travel protection is highly recommended. You may purchase with any of your preferred travel insurance company. If you would like to use our recommended company ARCH Roam Right, please copy this URL link to enroll for insurance.

<https://partner.roamright.com/?agencycode=amitravel>

☐ Yes, I read and I agree with AMI Travel's cancellation policy

☐ Enclosed is my trip deposit of \$450 per person **Reminder: Full and final payment due by February 28, 2023**

AMI TRAVEL CANCELLATION AND REFUND POLICY

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

Date of Cancellation	Cancellation Fee Per Person
From sign up day to 10 days after	\$75
Up to 75 days prior to departure	\$350
74-60 days prior to departure	\$1000 <i>plus</i> additional penalties imposed by the airlines or other suppliers
59-31 days prior to departure	\$2,000 <i>plus</i> additional penalties imposed by the airlines or other suppliers
Cancellation less than 30 days prior departure	NO REFUND

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.

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.

Please sign here: _____ Date: _____

All checks must be made payable to AMI Travel, Inc. and mailed to: AMI Travel, 5803 N. Cicero, Ave., Chicago, IL 60646. Attn: Lebbie Chung. For credit card payment please fill out the Credit Card Authorization Form below.

CREDIT CARD AUTHORIZATION FORM

Please complete and sign the following form and return by email attachment or by regular mail to: AMI Travel, attn. Lebbie Chung, 5803 N. Cicero Ave., Chicago, IL 60646

Name of Card holder as it appears on the card. _____

Type of cards accepted; please *mark applicable box*: ☐ Visa ☐ Master Card ☐ Amex ☐ Discover

Credit Card #:

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 Exp. Date (mm/dd/year):

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 CVV

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Please check applicable box/es

☐ I authorize AMI to charge my trip deposit: \$450 per person: **Total amount:** _____

☐ I authorize AMI to charge my final balance by 3/1/2023 on the same credit card: **Total Amount:** _____ ☐

This charge is to be applied towards the following travelers: Name(s) *exactly* as printed on passport(s): _____

I hereby authorize AMI Travel and/or its suppliers to charge the above credit card for the listed amount.

Cardholder's signature here: _____

☐ **YES**, I will visit the link provided to enroll for insurance (if any questions please call AMI office: 773-777-4900)

☐ **No**, I've been informed that I must purchase a travel insurance policy. The cancellation policy has been explained to me. I don't want to get travel insurance.

Signature: _____

Date: _____

Please return this signed and completed form by email attachment or by regular mail to:
AMI Travel, 5803 N. Cicero Ave., Chicago, IL 60646. Attn. Lebbie Chung

Pilgrimage to include visit to these places and more:

Lisbon, Fatima, Avila, Burgos, Lourdes, Toulouse, Manresa, Montserrat & Barcelona including daily mass!

Package price includes:

- Roundtrip airfare ORD/LIS and BCN/ORD including airlines departure taxes and fuel surcharge **
- Nine-night accommodation in 4 star hotels and one night at a 3 star hotel
- City taxes
- Daily breakfast and dinner
- Private air-conditioned coach
- Professional English-speaking tour escort service
- Whisper units
- Local city tour guides (2 hours) in: Salamanca, Avila, Burgos, Toulouse
- Local city tour guides (1/2 a day) in: Lourdes and Barcelona, and full day in Monserrat
- Entrance fees at churches for local masses
- Porterage service (1 luggage per person)

NOT INCLUDED:

- Meals and drinks
- Gratuities to guides and driver (suggested \$150 per participant)
- Travel/Medical insurance coverage

** Airlines departure taxes and fuel surcharge as of Dec 2022: \$457