WE DO HISTORY.
INDIANA HISTORICAL SOCIETY

Fall Member Trip Registration Form
Historic New York City and the Hudson River Valley
September 24 through September 29, 2018

Flight Information

Tour includes airfare, please provide **Full Legal Name and DOB (*must match government issued ID/passport*):**

Passenger #1: _____ DOB: _____

Passenger #2: _____ DOB: _____

Circle flight seating preference (***not guaranteed***):
Please note: Airlines do not allow pre-requests for bulk-head or exit row seating.

Passenger #1: Window / Middle / Aisle Passenger #2: Window / Middle / Aisle

Contact Information

Address: _____ City & State: _____ ZIP: _____

Email: _____

Cell phone passenger #1: _____ Cell phone passenger #2: _____

"Nickname" (*if any*) as it should appear on name tag(s):

1. _____ 2. _____

Booking Details

Double occupancy: $2,970.00 Member / $3,045.00 Non-member (*includes membership*)
after May 14, *$3,195.00 Member / $3,295.00 Non-member* (*includes membership*)

Single occupancy: $3,540.00 Member / $3,610.00 Non-member (*includes membership*)
after May 14, *$3,780.00 Member / $3,860.00 Non-member* (*includes membership*)

Inclusions

- Shuttle service to and from airport
- Round trip air from Indianapolis to New Jersey (EWR) / New Jersey (EWR) to Indianapolis
- Transportation via luxury motor coach
- Five-night's accommodations
- Eight meals: 5 breakfasts, 3 dinners
- Admission to all attractions listed in itinerary
- Guides services
- Baggage handling (hotel only)

Optional Broadway Show: $179 per ticket, orchestra seating – NOT included in tour price. Ticket must be paid with deposit.
$179 x _____ (*# of tickets*) = $_____ (*total to include with deposit payment*)

Travel Guard Travel Protection (*optional but recommended*): Due to unforeseen circumstances, tour participants may have to cancel or leave a tour early. We highly recommend the purchase of trip insurance.* If you are interested**, please contact Sarah Sankovitch at (317) 234-2670 or ssankovitch@indianahistory.org**.
**Price based on age and cost of trip. Must be paid at the time of deposit.*

I decline travel insurance: ☐ Call to quote insurance fees: ☐ Travel fees (*before insurance*): $ _____

Non-refundable (*after June 20 or if travel insurance not purchased*)

$500 per person deposit plus total price of Broadway ticket(s) due with registration.

Single occupancy: ☐ Double occupancy : ☐

Total amount due (*include travel insurance if applicable*): $ _____

Less deposit (*travel insurance must be paid in full w/ deposit*): $ _____ Deposit date: _____

Balance due by July 2, 2018 (*reminder will be mailed*): $ _____

Payment type: Check _____ Credit Card _____ Card type (*circle one*): MC VISA AMEX DISCOVER

Card number: _____ Expiration date: _____

Cancellation Policy (*without purchase of travel insurance*)
Before June 20 — full refund | June 20 to July 19 — full refund, less deposit | July 20 or later — no refund

Please list any food or other allergies and special diet requests, such as vegetarian:

_____

Please note that not every diet can be accommodated, and that providing the information does not guarantee the ability to supply your specific dietary needs, especially for diets described as low fat and low cholesterol. Diets such as dairy free, gluten free and vegetarian can typically be provided.

Do you have any important physical conditions that may require medical attention? Medical care is not included in the trip cost nor is it guaranteed. This information is requested so that if assistance becomes necessary, correct information can be given to emergency health care providers.

_____

_____

Emergency Contact Information (*designate a contact who will not be travelling with you*):

Name: _____ Relationship: _____

Cell phone: _____ Alternate contact method: _____

Please complete and return the signed registration form to the address below. **By signing this you agree to the Terms and Conditions of the trip as they are described on this Registration Form.**

Signature: _____ Date: _____

Mail signed Registration Form with your Trip Deposit to:
Sarah Sankovitch
Eugene and Marilyn Glick Indiana History Center
450 West Ohio Street
Indianapolis, IN 46202

Questions:
Call (317) 234-2670 or email
ssankovitch@indianahistory.org