

## **Registration Form**

Please complete and send this Form with your tour deposit of \$2,000 per person, double; or \$3,000 per person, single (by check, American Express, Visa, MasterCard or Discover) to:

Rossana Ivanova, The English-Speaking Union of the United States, 144 East 39<sup>th</sup> Street, New York, NY 10016
Or by email to <u>rivanova@esuus.org</u>. Questions? Call (862) 224-4244

Please reserve	places for:		
	Tour Participant #1	Tour Participant #2	
Preferred Name(s):			
Email Address(s):			
Cell/Mobile:			
Address			
	State		
birthplace, and date	UIRED. Enclose a photocopy of the pag of expiry. Also please provide informat	on here:	
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TOUR COSTS  The Tour Price is based on accommodations on the QM2 in a Britannia Balcony Stateroom; and in a Superior Room at Dukes London, on a per person, double-occupancy basis.  SUBTOTALS			
Tour Price, per perso	on @ \$9,900.00 per person x	person / people	
Single room:		ADD \$2,895.00	
Britannia Club Balco Princess Grill Suite, of Queens Grill Suite, d UPGRADE OPTIONS Deluxe Room, doubl Deluxe Room, single Executive Room, doubl Executive Room, single	e occupancy: uble occupancy:	ADD \$784.00 ADD \$6,156.00 ADD \$8,626.00	
Other Options:  Walking tour of the Inns of Court including lunch in Middle Temple Hall ADD \$45 p.p.			
		TOTAL	



For more detailed descriptions of accommodation options, see: Queen Mary 2: https://www.cunard.com/en-us/cruise-ships/queen-mary-2/queen-mary-2-accommodation. Dukes London: https://www.dukeshotel.com/rooms-and-suites/. King Bed Twin Beds Non-Smoking Smoking DEPOSIT PAYMENT BY CHECK OR CREDIT CARD \$2,000 person double occupancy, \$3,000 single Note: Payment by credit card will incur a credit card convenience fee of 3.9%. Check enclosed (payable to The English-Speaking Union). Please charge (provide card type and no.): Expiry \_\_\_\_\_ Security Code \_\_\_\_\_ Name as it appears on the card (please print): \_\_\_\_\_ **INTERNATIONAL AIRFARE** Airfare is not included. Please advise the following, and we will send you a quote for airfare: Gateway City: \_\_\_\_\_ Class of Service (<u>circle one</u>): Economy / Premium Economy / Business / 1<sup>st</sup> Class Date you would like to return to the U.S. (if you are not sure now, we will use July 17): You may compare our quote with what you can find using mileage points or through a travel agent. Dietary Restrictions (medical): Please indicate specific food allergies or other medical dietary restrictions. Is there a special occasion that you would like to celebrate during the tour (birthday, anniversary)? In case of emergency contact: Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone number(s) I/We have read the attached Terms and Conditions, and Release from Liability, Assumption of Risk, and Binding Arbitration Clause, and agree to all therein. Signature: \_\_\_\_\_ Date:\_\_\_\_\_ Signature: \_\_\_\_\_ Date:\_\_\_\_\_

For specific questions about the tour, please contact Meg MacDonald, Travel Muse Inc., meg@travelmuse.net.