

**Join us in Los Cabos!**  
**November 2019**  
*Registration Form*

Call our Group Department:  
302-278-6100 or  
(800) 848-3273  
Email: groups@accentontravel.us

Please complete this form with your deposit of \$400 per person for \_\_\_\_ persons. Final Payment will be **due August 8<sup>th</sup>, 2019**. If you would like to join the group air schedule an additional \$100 per person will be due with your deposit. Travel insurance, which will protect you for cancellation due to covered reasons, is highly advised. Please make checks payable to: Accent On Travel or complete the credit card information below. Select your preferred accommodations below.

- \_\_\_\_ **Deluxe Platinum Room with 2 Queen beds (Solo Rooms)**  
\_\_\_\_ **Deluxe Platinum Room with 2 Queen beds (Double Occupancy)**  
\_\_\_\_ **Deluxe Platinum Room with 2 Queen beds & roll out (Triple Occupancy)**  
\_\_\_\_ **Junior Suite King Bed (Double Occupancy)**

**Mr./Mrs./Ms. (1)** \_\_\_\_\_  
(Exact NAME as it appears or WILL appear on your PASSPORT) (Date of Birth) (Nickname)

If you are a new client to Accent on Travel, please complete

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

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

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Passport Number (needed by final payment): \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Special Requirements (diet, handicap, adjacent staterooms etc.) \_\_\_\_\_

Occasion: ☐ Birthday \_\_\_\_\_ ☐ Anniversary \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Email Address for travel information:** \_\_\_\_\_

**Emergency Contact: Name** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

☐ **I AM A SINGLE TRAVELER AND AWARE OF A SINGLE SUPPLEMENT.**

If you are not traveling as a single but are sharing a room with someone registering separately, please supply us with their name for rooming purposes: \_\_\_\_\_

**2<sup>nd</sup> Passenger in the room:**

**Mr./Mrs./Ms. (2)** \_\_\_\_\_  
(Exact NAME as it appears or will appear on your PASSPORT) (Date of Birth) (Nickname)

Email Address for travel information: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Passport Number (needed by final payment): \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Special Requirements (diet, handicap, etc.) \_\_\_\_\_

Occasion: ☐ Birthday \_\_\_\_\_ ☐ Anniversary \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Emergency Contact: Name** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

Form of Payment: ☐ Check ☐ Credit Card # \_\_\_\_\_ Expires \_\_\_\_\_

Name on Card \_\_\_\_\_ Security Code: \_\_\_\_\_

☐ I have previously sailed with Uniworld. My Past Client # is: \_\_\_\_\_

**CANCELLATIONS AFTER FINAL PAYMENT CARRY UP TO 100% PENALTIES. (See Back)**

**SIGNATURE ON BACK REQUIRED TO COMPLETE REGISTRATION**

(6/26/2019)

## TOUR CONDITIONS – CANCELLATION FEES AND PENALTIES

Notification of cancellation must be made to Accent On Travel, 37156 Rehoboth Avenue #3, Rehoboth Beach, DE 19971. Phone: 302-278-6100. Passenger or immediate family is responsible to file with the insurance company to claim information for refund of cancellation penalties. The cost of insurance is non-refundable. Guests who cancel within the indicated periods are subject to the following per person cancel fees that WILL be covered if travel insurance is purchased and the reason for cancellation is a covered reason per Allianz Travel Insurance Policy.

From Time of Deposit until July, 8 2019 - \$250.00 per person & Any Non-Refundable Air Cost

From July 09- August 7, 2019 - \$400.00 per person & Any Non-Refundable Air Cost

From Aug 08- Travel 100% Penalty will apply of all purchased travel components.

**Travel Insurance Premium Information:** Refunds are available for cancellations due to covered medical reasons when insurance is purchased through reliable travel insurance companies. These reputable companies offer insurance that both provides excellent coverage even when the covered medical reason might be a **pre-existing conditions** as well as refund of out of pocket expenses while traveling (each insurance company stipulations outlined in their policy and brochure). You, the passenger, or your immediate family is responsible to file a claim with the insurance company to receive your refund of cancellation penalties for covered reasons from the insurance company. The cost of insurance is not a refundable or reimbursable item but may be able to be transferred to another purchase if the trip is cancelled without the insurance being used.

### Accent On Travel Disclosure and Consent Form

I will review my receipt, invoice, and travel documents for accuracy upon receipt and understand that I must contact Accent On Travel within 5 business days with any discrepancies. I understand that purchases involve restrictions and that changing any aspect of my travel arrangements may result in additional fees being applied to my purchase.

I understand that the Transportation Security Administration (TSA) requires me to carry a government issued identification card in order to board a flight. I have been advised that the name, date of birth and gender that appears on the identification card must exactly match the same such data that is listed on my airline ticket and in my booking records. I acknowledge that my failure to strictly comply with these requirements may result in denied boarding or an undue delay at an airport security checkpoint causing me to miss my flight.

I understand that if traveling internationally, I must have a valid passport with an expiration date at least six months beyond my planned return travel date and depending upon my destination and nationality, I may need to obtain one or more visas. Note to Client: Passport and visa information may be obtained by contacting the Travel Advisory Section of the U.S. State Department at 202.647.5225 or by visiting the State Department's Web site at [travel.state.gov](http://travel.state.gov). Non-U.S. passport holders should be sure to contact the embassies of their destination and transit countries to obtain entrance requirements. To obtain medical information, you may contact the Centers for Disease Control at 404.332.4559 or visit the CDC's Web site at [www.cdc.gov](http://www.cdc.gov).

I understand that Accent On Travel is not the source or supplier of the travel services I have requested, and acts solely as an agent for the actual suppliers of such services. I have been advised that the suppliers whose names appear in the information supplied to me are those who are actually responsible for providing the travel services I have purchased. I consent to and request the use of those suppliers and agree not to hold Accent On Travel responsible should any of these suppliers: 1) fail to provide the travel services I have purchased; 2) fail to comply with any applicable law; or 3) engage in any negligent act or omission that causes me any sort of injury, damage, delay or inconvenience.

I accept that Accent On Travel is not responsible for, nor will I attempt to hold it liable for, any injury, damage or loss I may suffer on account of any conditions, actions or omissions that are beyond its reasonable control.

Accent On Travel makes every effort to honor the package price quoted originally; however, under certain circumstances your price may be subject to increase prior to full payment due to an increase in the cost of one or more of the travel components in your package. Prices will not increase after you make full payment, except for any increase in government-imposed taxes or fees. By signing below, you expressly acknowledge your acceptance of these conditions applicable to your purchase. You have the option to pay in full at the time of deposit to avoid increases in the purchase.

I understand that I may purchase travel insurance to cover certain risks inherent in travel such as supplier bankruptcy and the inability to travel due to a medical or personal emergency. Please check and initial your acceptance or refusal of travel insurance below.

- ☐ **Yes, I would like to purchase travel insurance (7.25% of vacation (subject to change if purchased in 2020) which can reimburse me for emergencies while traveling, emergency returns to the states, refund my travel purchase if I have to cancel for covered reasons, and provide concierge services while traveling.**
- ☐ **No, I am not interested in purchasing insurance coverage for this trip and understand that out of pocket expenses and fees for cancellation, delay, or change of services will not be reimbursed.**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_