

TRAVEL REGISTRATION FORM - H

CLIENT NAME: _____
RESORT/CRUISE: _____
TRAVEL DATES: _____

Payments Processed by **VEP ASSOCIATES PROFESSIONAL SERVICES**

P.O. Box 103, Jenkintown, Pa. 19046 | O: (215.224.1404) | F: (215.224.1501) | E: Agents@veptravel.com

GUEST INFORMATION: Please Print ALL name(s) of those sharing accommodations. Names must match Government US Passport / Passport must be valid for (6) months beyond the date of travel. **** Requesting an individual invoice, complete a separate form, list name(s) of all roommates.**

1-Name:	Date of Birth
2-Name:	Date of Birth
3-Name:	Date of Birth
4-Name:	Date of Birth
Address:	
City:	State: Zip:
Telephone (Day):	(Evening): (Mobile):
Email Name 1:	Email Name 2:
Emergency Contact:	
Name:	Telephone: Relationship:

TRAVEL DETAILS: **All Prices Are Per Person – Deposit \$ _____ Per Room | Deposit Per Person \$ _____**

Price Includes: Taxes: _____ Air: _____ Transfers: _____	Room Type ____ Nights Stay	Room Type ____ Nights Stay	Room Type ____ Nights Stay
1 Person Per Room	\$	\$	\$
2 Person Per Room	\$	\$	\$
3 Person Per Room	\$	\$	\$
4 Person Per Room	\$	\$	\$
Price Per Child	\$	\$	\$

Number of guests per Room: _____
 _____ Adults _____ Children: Ages _____, _____, _____

Departing Airport: _____

Airport Transfers: _____ Yes _____ No

Total Price: \$ _____

FINAL PAYMENT DUE DATE: _____, 20 _____

****Room Upgrades are available, additional fees will apply, Call for price.**

***A per person Agency Administration Booking Fee (\$65.00) and or Ticketing Fee (\$25.00) will be charged and added to the balance.**

VACATION INSURANCE (Will be added to your package, fees apply) *

Vacation insurance is based on the price charged for your travel package and will be billed separately. The purchase of your airline tickets can also be included in your vacation insurance. Pre departure trip cancellation, Post departure trip interruption, travel delays, medical expenses emergency assistance, baggage protection, 24 hour worldwide assistance service. For details to purchase, go to: www.veptravel.com

TERMS AND CONDITIONS

VEP Associates Professional Services t/a VEP travel, reserves the right to refuse services to anyone. Our prices are normally guaranteed as long as the supplier makes them available to us. All quotes are subject to cancellation within 24 hours, if no deposit is made to hold the reservation in the supplier's system. This travel agency is acting only as an agent for suppliers in selling travel related services, or in accepting reservations or bookings for services that are directly supplied by this agency (such as air and ground transportation, hotel accommodations, bills, cruises, etc) This travel agency, therefore, shall not be responsible for breach of contract or any intentional or careless actions or omissions, on part of such suppliers, which results in any loss, damage, delay, or injury to you or your travel companions or group members.

CANCELLATIONS

(Rooms, Room Nights or Guests) will be charged a \$100.00 processing fee per person from the date of deposit. Refunds (less processing fee) will be granted for cancellations made no more than ten (10) business days from the date of deposit and according to vendor's refund policy. Agency Fees are non-refundable. Traveler must provide a written notice of cancellation in order to process refund.

SIGNATURE**DATE**

VEP ASSOCIATES TRAVEL TERMS & CONDITIONS

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SERVICE FEES AND CONDITIONS

SERVICE FEES:

The following service fees may be applied in addition to the purchase of air, sea, land, transportation services and vacation packages.

Agency processing fee per person \$65.00 per trip an administrative booking fee and or \$25.00 per person airline ticketing fee. *(Children under 12 of age no charge)*

Modification/Change Fees of client accepted itinerary: \$75.00 per person. **Cancellation Fees:** Administrative fee of \$100.00 per person assessed for any cancellation from the date of deposit.

Processing of tourist cards/visas/passports, travel vouchers, coupons, etc.: A service fee of \$75.00 per person.

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Note: Rates are subject to change. Charges from VEP Associates Travel will appear on your credit card in the amounts designated above, but will not be charged without notification to you and without approval by you.

VEP ASSOCIATES TRAVEL TERMS & CONDITIONS—CON'T

VACATION INSURANCE PROTECTION

TRAVEL INSURANCE (Vacation Protection): Travel insurance is strongly recommended for all travelers, payable with their first deposit/payment to obtain coverage for pre-existing conditions for themselves/travel companions/family members to cover unforeseen travel issues, such as cancellations, interruptions, delays, lost/stolen/damaged travel documents, medical expenses, emergency medical transportation. Certain conditions/restrictions may apply to coverage's; VEP Associates Travel is not responsible for underwriting decisions on claims made by traveler(s) to the insurance company.

Travel Insurance details can be found at www.veptravel.com. If you need help navigating the site or do not have Internet access, please contact VEP Associates Travel.

Vacation Protection, price may be based on the total travel package.

Some suppliers offer their own insurance, giving you the option to add it during the trip confirmation process.

VEP, offers the option to purchase travel protection separate with **TRAVELSAFE**.

Once a quote is received, the purchase should be complete prior to travel. For details to go to: www.veptravel.com. You also have the option to select your own supplier which VEP is not associated with.

Travel protection includes, Pre departure trip cancellation, Post departure trip interruption, travel delays, medical expenses emergency assistance, baggage protection, 24 hour worldwide assistance service.

Important - You must select one by your initials:

YES, _____ as for myself and my travel companion(s) understood the importance of travel protection would like to purchase or to be added to our trip package.

NO, _____ as for myself and my travel companion(s), have decided that we are NOT INTERESTED in purchasing travel insurance or to have it added to our trip package.

YES, I agree to the above Terms and Conditions:

Signature: _____

Date: _____

VEP ASSOCIATES

PROFESSIONAL SERVICES, LLC

CREDIT CARD AUTHORIZATION FORM

I _____ give authorization to VEP ASSOCIATES PROFESSIONAL SERVICES, LLC dba VEP TRAVEL to charge my credit card.

This form can be used to make **Monthly Payments** per the amount indicated on your invoice and / to purchase **Vacation Insurance**. Recurring monthly payments can be made by checking the box below. Payment covers the following guest(s).

NAME OF GUEST (S): _____

NAME OF GUEST (S): _____

NAME OF GUEST (S): _____

NAME OF GUEST (S): _____

DATES OF TRAVEL _____

PLEASE CHECK ONE: VISA ___ MASTERCARD ___ AMERICAN EXPRESS ___ DISCOVER ___

CREDIT CARD #: _____ EXP DATE: _____

3 DIGIT CODE: _____ 4 DIGIT CODE ON AMERICAN EXP CARD _____

AMOUNT TO BE CHARGED: \$ _____

MONTHLY TRAVEL PAYMENT

CHECK ONE:

ONE TIME PAYMENT: _____

PAY EACH MONTH: _____

AMOUNT TO BE CHARGED: \$ _____

TRAVEL INSURANCE: YES ___ NO ___ PLEASE CHECK

NAME ON CREDIT CARD: _____

BILLING ADDRESS OF CARD HOLDER:

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: DAY _____ EVENING _____

CARD HOLDER'S SIGNATURE: _____

APPROVAL NUMBER _____ DATE: _____