Prelude Registration Form

34591

Please use blue or black ink, print in CAPITAL LETTERS and fill in circles completely. Do not staple anything to this form.

Group # | | | | | | |

Please list number of companions you will be traveling with: _____

Personal Information: Encore mails your airline tickets via express mail. List an address where someone can sign for a package during the day. **We cannot mail tickets to a P.O. Box**.

○ Mr. ○ Ms. ○ Mrs. ○ Dr. ○ Br. ○ Sr. Gender: ○ M ○ F

Last Name **(AS IT APPEARS ON PASSPORT)**

First Name

Middle Name

Address
No P.O. Box

City

State

Zip Code

Home Telephone

Birthdate
MM/DD/YYYY / /

Email

Passport Info

Passport Number _____ Expiration Date _____

Country of Issue _____ Issue Date _____

Transportation (See www.encoretours.com/directors/prelude.cfm for list of US gateways.)

U.S. departure city _____. Estimated travel time to departure airport _____ hrs.
(Encore cannot guarantee evening departures.)

○ I am booking a connecting flight to my Encore departure city. ○ Please quote me a price from a departure city not listed (specify city): _____

Rooming Choice

Please book me in a:

○ single room at $85 extra per night ○ double room, sharing with _____ ○ 2 single beds ○ 1 double bed

Optional Services

○ Please book me for _____ extra day(s) at the beginning and/or _____ extra day(s) at the end of my trip. **Encore will bill me $50 per person for extending my ticket.**

○ I will arrange my own accommodations for the extra days.

○ Encore will provide accommodations for me based on: ○ Twin/double room at an additional $130 per person per night
○ Single room at an additional $210 per person per night
○ Triple room at an additional $130 per person per night

Protection Plan: Encore requires that you accept/decline protection

○ Yes: Sign me up for the Ultimate-Plus Protection Plan (Add $45/day)

○ Yes: Sign me up for the Ultimate Protection Plan (Add $30/day) ○ No: I decline the additional coverage beyond the Basic Protection Plan.

RETURN TO:
Encore Prelude
330 Congress Street
Suite 5
Boston, MA 02210

I have read and agree to the Terms and Conditions, including the terms of eligibility, companion trip fees and cancellation penalties. I understand that if I cancel my trip less than one month prior to departure, I will be subject to the penalties listed in the Terms and Conditions.

_____

Signature Date