



34591

Prelude Registration Form

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 X

Preferred Pronouns: _____

Last Name (AS IT APPEARS ON PASSPORT)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First Name																							Middle Name																		
------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	-------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Address <small>No P.O. Box</small>																																							
---------------------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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 \$150 per person per night
 Single room at an additional \$250 per person per night

Protection Plan: Encore requires that you accept/decline protection

Yes: Sign me up for the Ultimate-Plus Protection Plan (Add \$50/day) Yes:
 Sign me up for the Ultimate Protection Plan (Add \$35/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 _____

