



Leading the Way to Adventure Since 1987

## **Travel Agent Trip Registration Form**

AGENT CONTACT INFORMATION									
Name	Street Address								
City	Prov/State	Country		Post Code					
Res Tel	Bus Tel	Cell Tel							
Email		Age H	eight	Weight	_ Gender				
GUEST INFORMATION									
2	Email	Age	Height	Weight	Gender				
3	Email	Age _	Height	Weight	Gender				
4	Email	Age _	Height	Weight	Gender				
5	Email	Age _	Height	Weight	Gender				
Rooming Preference - (1 B	ed, 2 Beds, etc.)								
☐ I am Solo ☐	Willing to Share ☐ Red	quest Single Supplem	ent (Details	on Each Trip	Web Page)				
Note - Ple	ease add additional trips or gu	uest names & details to	the comments	s section belov	٧.				
TRIP INFORMATION									
Trip Name #1	p Name #1 Date of Trip #1								
Trip Name #2		Date of Trip #2							
Trip Name #3		Date of Trip #3							
Trip Name #4	rip Name #4 Date of Trip #4								
I will be needing additional	personalized travel arrange	ements before or afte	r my trip - [	□Y □ N					





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# CREDIT CARD PAYMENT AUTHORIZATION This is to verify that I (print name) hereby authorize Island Expeditions Co Ltd. to charge my credit card for a deposit amount of \$300 per person to confirm my/our space. Name (as it appears on the credit card) \_\_\_\_\_ (□ Visa or □ MasterCard) (Card Number) \_\_\_\_\_ (Exp. Date) \_\_\_\_\_ CCV\_\_\_\_ Signature (of credit card holder) Please be aware that some US financial institutions have recently begun charging card holders a 'foreign transaction fee' on US currency credit card transactions even though no currency conversion takes place. Please check with your financial institution to see if this applies to you. **COMMENTS / ARRANGEMENT NOTES:** Please tell us how you heard about Island Expeditions Have you or your guests travelled with Island Expeditions before? ☐ Y ☐ N If so, when?\_\_\_\_\_ Which trip?





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## **Travel Agent Trip Registration Form**

Once your registration form has been received, we will send a confirmation e-mail that includes links to important pre-trip information, plus links to a medical form and liability waiver document. **If you do not receive our trip confirmation email within 2 business days, please contact our office**. The medical and liability waiver form needs to be received by our office at least 30 days prior to your trip departure.

#### **TERMS & CONDITIONS**

I have read carefully and fully understand the contents of this registration form as well as the conditions listed herein including the cancellation and refund policies. I also understand that I must complete and sign a medical form and release of liability prior to trip departure. I understand that I will receive an invoice with a final balance and due date from Island Expeditions Co. I hereby acknowledge that if my final payment is not received by the due date indicated on my invoice, I authorize Island Expeditions Co. to charge the balance owed to the credit card I have provided above.

## **Payment and Cancellations**

Our payment policy provides flexibility and peace of mind when you book your next adventure vacation.

## 'Life Time' Trip Deposit

A \$300 'Life Time 'deposit for each traveler is required to reserve your place. If you need to delay or cancel, your deposit can be transferred to any future scheduled Island Expeditions trip.

### **Payment and Cancellation**

Balance of payment is due 60 days prior to the trip departure. If you cancel your trip within 60 days of your departure the following refund schedule applies:

- 60+ days prior to departure: your initial deposit is safe and can be used in the future.
- 30 -59 days prior to departure: 50% of the full trip cost is retained.
- 29-0 days the full amount of the trip cost is retained

Your Life Time Trip deposit remains valid and can be used when you reschedule.

We strongly recommend you purchase airfare, trip cancellation and travel medical insurance.

Island Expeditions Co Ltd Life Time Deposit & Cancellation Terms https://www.islandexpeditions.com/taking-the-leap/terms-and-conditions

Signature			

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