



Quiltmaker Does Japan January 18-28, 2008

Tour Reservation

First deposit of \$750.00 per person due at time of reservation. Final payment due 11/01/07.

Make checks payable to: **Travel Concepts Tours**

For reservations contact: Travel Concepts
1223 M Street
Aurora, Nebraska 68818

Call 402-694-5731
or toll free 800-759-1006
or email tconcepts@hamilton.net

CANCELLATION POLICY:

Deposit is refundable until November 1, 2007, less a \$150 administrative fee. Trip Cancellation Insurance is not included in the cost on this tour. Since cancellation penalties will occur at time of final payment, it is highly recommended that you purchased Trip Cancellation/Interruption Insurance. Tours provided by *QUILTMAKER*/Travel Concepts/"K" Line Travel, Ltd.

Responsibility: *QUILTMAKER*/Travel Concepts, Inc., airlines involved in transportation and any other tour companies participating in the program, have no responsibility in whole or in part for any delays, delayed departure or arrival, missed carrier connections, loss, damage, or injury to person or property or mechanical defect, failure, or negligence of any nature whatsoever caused in connection with any accommodations, transportation, or other services of any substitution of hotels or of common carrier equipment beyond their control, with or without notice or for any additional expenses occasioned thereby. Rates are subject to change therein at or before the time of departure. No revisions of the printed itinerary parts included features are anticipated; however, the right is reserved to make any changes, with or without notice, that might become necessary with the mutual understanding that any additional expenses will be paid by the individual passenger. Baggage is at the owner's risk throughout the tour, unless insured. The right is reserved to decline to accept or retain any person as a member of these tours at any time. The airlines and other transportation companies concerned are not to be held liable for any act, omission, or event during the time the passengers are on board their conveyances. The passage contract in use, when issued shall constitute the sole contract between the company (companies) and the passenger and/or purchaser of this trip.

TRAVEL CONCEPTS TOURS

1223 M Street
Aurora, NE 68818
800-759-1006 or 402-694-5731
www.travelconceptstours.com

Detach and save top portion for your records.



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Name(s) _____ (as it appears on passport)

Name you prefer on your name badge _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Phone _____ E-mail _____

Passport number (required) _____

Rooming with _____ Special Celebration while on tour _____

Need a roommate? Let us know and we'll assign you one. We'll assume you are a nonsmoker unless you let us know otherwise.

Insurance: Your registration form cannot be processed unless the following section has been completed and signed.

Please indicate either that you are purchasing the insurance, or that you are declining.

- Yes, I wish to purchase Trip Cancellation/Interruption Insurance for an additional cost covering the LAND ONLY portion of the tour.
- No, I do not wish to purchase Trip Cancellation/Interruption Insurance, and by not doing so I understand that many features of this tour may be non-refundable and that I will be subject to the cancellation policy set forth by *QUILTMAKER* and Travel Concepts.

Name of insured _____

Address (if different than above) _____ City _____ State _____ Zip _____

Date of Birth _____ Phone (if different than above) _____

My departure date from my home town city _____ My return date to my home town city _____

I have read, understand and agree to all the terms and conditions as listed on the brochure, application for reservation indicates full acceptance of the foregoing conditions.

Signature _____

Travel Concepts accepts Visa, Mastercard, or Discover.

We can only charge your credit card if the signature is listed on this form. Thank You!

Please charge my credit card: _____ Visa _____ Mastercard _____ Discover Amount to be Charged \$ _____

Credit Card # _____ Exp. Date _____ 3 digit Security Code _____

_____ Card holder name (please print)

_____ Card holder signature