

Fall Member Trip Registration Form Civil War on the Mississippi: New Orleans - Natchez - Vicksburg October 10-14, 2015

This tour includes airfare, please provide Full Legal	Name and DOB (must n	natch government issi	ued ID or passport):
Passenger #1:	DO:	В	
Passenger #2:	DO	В	
Please indicate flight seating preference (not guarant	eed): Please note: Airlines d	o not allow pre-requests	for bulk-head or exit row seating.
Passenger #1: Window / Middle / Aisle	Passenger #	2: Window / Midd	lle / Aisle
"Nick Name" (if any) as you want it to appear on you	r name tag(s):		
1	2		
Co	ontact Information		
Mailing Addresses:	City:	State:	Zip:
Email:			
Cell Phone Passenger 1:	Cell Phone Passenger 2:		
Booking details			
Double occupancy \$2,375.00 Member / \$2,475.0 <i>after June 3, \$2,625.00 Member / \$2,725.00 Not</i>	,	1 /	

Inclusions:

- Round trip air from Indianapolis to New Orleans
- Transportation via luxury motor coach
- Four-night's accommodations
- Nine Meals: 4 breakfasts, 1 lunch, 4 dinners at well-known local landmarks
- Admission to all attractions listed in itinerary
- Three notable, area and Civil War Guides for each day Bios included on IHS member trip webpage

Single occupancy \$2,600.00 Member / \$2,700.00 Non-member (includes membership) *after June 3*, \$2,850.00 Member / \$2,950.00 Non-member (includes membership)

- Baggage handling (hotel only)
- Great time with great IHS members

	please contact Jeni		nd the purchase of trip insurance. If you are 670 or jhiatt@indianahistory.org for pricing.	
I decline travel insurance:				
Non-refundable (unless trav	el insurance is pur	rchased) \$500 per perso	on deposit due with registration.	
Single occupancy:□	Double occup	pancy:		
Total amount due (please include t	ravel insurance if applicabl	le):	_	
Less deposit:			Deposit Date:	
Balance due by August 25, 20	16		(a reminder will be mailed)	
Payment Type: Check	Credit Card	Credit Card: MC V	ISA AMEX DISCOVER	
Card Number:		Exp		
Cancellation policy: if insucharges; June 9 to August 1	-		ges are: prior to June 9, full refund, no ater, no refund.	
Please list any food or other al	lergies & special di	et requests, such as vegeta	arian:	
	eeds, especially for	diets described as low fat	e information does not guarantee the ability to and low cholesterol. Diets such as dairy free,	
	information is reque		tention? Medical care is not included in the trip becomes necessary, correct information can be	
Emergency Contact Inform	ation			
In the event of an Emergency,	please designate a	contact who will not be tra	avelling with you:	
Name:	Relationship:			
Cell Phone:		Alternate contact meth	nod:	
Please complete and return the Conditions of the trip as the			v. By signing this you agree to the Terms and	
Signature:		Date:		
Mail this signed <i>Registration</i> A Jennifer Hiatt – Eugene and M For questions call – 317-234-2	Iarilyn Glick Indian		st Ohio Street, Indianapolis, IN 46202.	

Travel Guard Travel Protection (optional but recommended): Due to unforeseen circumstances, tour participants may