



Northeastern Fall Foliage Land & Sea
Including 7-Night Cruise aboard the Norwegian Gem
October 6 - 17, 2020

Please complete this reservation form (one per person) and mail it along with your \$500 per person deposit plus optional travel protection premium, if desired to:

Bank of Sullivan, Attn: Annette Isgriggs, 318 W. Main, P.O. Box 489, Sullivan, MO 63080

Phone: (800) 645-3191 Phone: (573) 468-1425 E-Mail: aisgriggs@bankofsullivan.com

Name: _____

Exactly as it appears on your passport

Gender: Male _____ Female _____ Birth date: _____ (month/day/year)

Familiar name: _____

Street Address: _____

City/State/Zip: _____

Phone number: Home: _____ Cell: _____ (with area codes)

Email Address: _____

Passport # _____ Issuing Country: _____

Passport Issue Date: _____ (mm/dd/year) Passport Expiration Date: _____ (mm/dd/year)

Passport must be valid for six months beyond the return date of the tour.

Your roommate's name, if applicable: _____

Cabin Category Preference: BA Balcony _____ OB Ocean View _____ IE Inside _____

NCL Perk Choice (choose TWO): _____ Unlimited Beverage Package* _____ Specialty Dining Package*

_____ \$50 Shore excursion credit per cabin, up to four ports _____ Unlimited Internet

Both guests in a stateroom must choose the same amenities. 3rd and 4th guests in a stateroom do not qualify for these amenities.

*Specialty Dining Package includes four dinners per person. Guests are responsible for gratuities of \$18.80 per person. Beverage Package includes alcoholic drinks priced up to \$15, soda, juice and non-alcoholic beer. Guests are responsible for gratuities of \$19.80 per person, per day.

Bed Configuration Preference: _____ Two twin beds OR _____ One queen bed

If you belong to Norwegian's Latitudes Rewards, please list your membership number: _____

Please note if you require one of the following special diets: Vegetarian Diabetic Other _____

Do you need wheelchair assistance in the airport? _____ TSA Known Traveler #: _____

Please note your anniversary date if it occurs during the tour: _____

Deposit \$500 per person

Balance due: May 28, 2020

Please make checks payable to Bank of Sullivan.

Over for optional travel protection information >>>>

Travel Protection Plan

Please read and consider the information below. Then indicate your preference, sign and submit this form to secure your reservation.

An optional comprehensive travel protection plan with Travel Insured International is offered to you for this trip. You are not required to purchase this plan, but we strongly recommend that you do because it provides certain refund rights in the event you have to cancel the trip due to medical emergency or other defined reason. It also provides benefits for medical expenses should you become sick or injured while on the trip as well as coverage for trip delay and trip interruption expenses. Information regarding the travel protection plan, its coverage, exclusions, and limitations is available upon request.

I accept the optional Travel Insured Group Deluxe plan and am including the premium with my trip deposit. I agree **Bank of Sullivan** is not liable for any losses, financial or otherwise.

Per person in double occupancy

BA - Balcony ___ \$319
OB - Ocean View ___ \$276
IE - Inside ___ \$242

Per Person in single occupancy

BA - Balcony ___ \$519
OB - Ocean View ___ \$388
IE - Inside ___ \$319

I decline the optional Travel Insured Group Deluxe plan and in doing so realize that I may lose all or part of my trip payment if I have to cancel after the cancellation date noted on the trip flier. I also realize that I will be 100% responsible for all expenses incurred due to cancelled or delayed flights; if I become sick, injured or die while on the trip; or if I must leave the tour to return home. I will also not have coverage for lost or damaged luggage, additional lodging or meals if delayed or for any unused portion of the tour. I agree **Bank of Sullivan** is not liable for any losses, financial or otherwise.

Signature: _____ Date: _____