26584

Companion Registration Form

Please use blue or black ink, print in CAPITAL LETTERS and fill in circles completely. Do not staple anything to this form.

Personal Information

○ Mr. ○ Ms. ○ Mrs. ○ Dr. ○ Br. ○ Sr. Gender: ○ M ○ F

Last Name **(AS IT APPEARS ON PASSPORT)**

First Name Middle Name

Address
No P.O. Box

City State Zip Code

Home Telephone Birthdate / / **you must be 18 or older**
MM DD YYYY

Email

Conference Choice

Group Leader's Last Name Group #

Conference _____ Preferred Depart Date / /
MM/DD/YY

My trip is: ○ earned by participant registration ○ paid for at the companion rate (payment enclosed) ○ please bill me

Transportation

U.S. departure city (see chart in the 2011 Global Conferences Booklet for gateways) _____.

Estimated travel time to departure airport ____ hrs. (ACIS cannot guarantee evening departures.)

○ I am booking a connecting flight to my ACIS departure city

○ Please quote me a price from a departure city not listed in the 2011 Global Conferences Booklet (specify city):_____

Rooming Choice

Please book me in a: ○ single room at $80 extra per night

○ double room, sharing with _____ ○ 2 single beds ○ 1 double bed

○ triple room, sharing with _____ and _____

If you do not specify a rooming choice, you will be assigned a roommate.

Optional Services

○ Please book me for _____ extra day(s) at the beginning and/or _____ extra day(s) at the end of my trip. **ACIS will bill me $50 per person for extending my ticket.**

○ I will arrange my own accommodations for the extra days.

○ ACIS will provide accommodations for me based on:
- ○ Twin/double room at an additional $130 per person per night
- ○ Single room at an additional $210 per person per night
- ○ Triple room at an additional $130 per person per night

Additional fees may apply on Ultimate and Elite trips, contact your tour consultant for details.

Protection Plan: ACIS requires that you accept/decline protection

○ I am a 2011 ACIS (Assistant) Group Leader and therefore covered by the Ultimate Protection Plan. ○ Yes: Sign me up for the Ultimate Protection Plan.

○ Yes: Sign me up for the Comprehensive Protection Plan. ○ No: I decline the additional coverage beyond the Basic Protection Plan.

Signature

I have read and agree to the Terms and Conditions, including the terms of eligibility, companion trip fees and cancellation penalties.

Signature Date