

ACC 2025 Argentina Tour Registration Form*

**For quick and easy registration, please register online!*

Name of Tour: **ACC 2025 Argentina** Date of Departure (mm/dd/yyyy): **02/15/2025**

I am joining: ACC GTM Other (please specify): _____

PARTICIPANT INFORMATION (MAIN CONTACT) Additional participants info on last page

First Name: _____ Middle Name: _____

Last Name: _____ Nickname for Name Badge: _____

How many participants in your party: _____ Mr. Mrs. Ms. Dr. Male Female

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: Home: (____) _____ Work: (____) _____ Fax: (____) _____

Mobile/Cell (USA): (____) _____ Mobile/Cell (while traveling): (____) _____

Email: _____ Date of Birth (mm/dd/yyyy): _____

Passport Number: _____ Exp. Date (mm/dd/yyyy): _____

Place of Issue: _____ Citizen of: _____

PLEASE CHECK YOUR PASSPORT EXPIRATION DATE. US Government regulations state that you may not be permitted to depart the USA if your passport expires within six (6) months of your travel dates!

Dietary restrictions and allergies (during the tour): _____

Special meal requests on flight (if booked by Ayelet; please specify): _____

OPTIONAL CULTURAL PROGRAM

Argentinian Culinary Experience (February 23rd - \$150/person)

MOBILITY

All participants are physically able to climb stairs both on and off a bus without assistance:

Yes No - Please provide details: _____

Special Needs:

You are required to advise us in advance of any special medical needs or physical limitations such as walking difficulties, wheelchair assistance, etc. _____



HOTEL (AND FLIGHT, IF APPLICABLE) REQUESTS

Hotel Level: Deluxe Deluxe Plus

Room Type: Single Double (Two in a room) Roommate Name: _____
(If registering separately)

Please contact me about hotel upgrade options.

Please contact me about flights from my departure city of: _____

DEPOSIT PAYMENT

A deposit of \$500 per person is required. Full payment is due 90 days prior to departure.

Check enclosed (Payable to Ayelet Tours, Ltd.)

OR

Charge to my credit card \$_____

Card holder's name as it appears on credit card: _____

Card Type: Discover Master Card Visa American Express

Card Number: _____ Expiration Date (mm/yyyy): _____

CID number (3 digit code/4 digits on Am Ex): _____

NOTE: Advertised group pricing is based on a minimum number of paying participants unless otherwise noted on the promotional materials. If fewer participants travel, a small per person group supplement may apply.

CANCELLATION POLICY: 91 or more days before departure: Refundable minus \$250/person or 3% of total charged, whichever is higher, plus applicable airline penalties. Non-refundable portion can be applied to a future group tour booking within two years of original travel date (non-transferrable). **90 to 46 days prior to departure:** Refundable minus \$750/person plus applicable airline penalties. No future credit. **45 days or less before departure:** 100% non-refundable. No future credit. Group insurance is offered and recommended. If purchased, group travel insurance policy becomes non-refundable after the 21-day review period. **In case of Group cancellation** by Ayelet Tours in consultation with group leader, or cancellation by individual participant due to political instability, pandemic, acts of terrorism, government intervention, security concerns or US State Department warning, participants remain subject to the above cancellation penalties and terms. Should Ayelet Tours make the decision to cancel a departure for any of these reasons or other situations outside our control, we will make our best effort to obtain refunds from suppliers, however credit card fees are always non-refundable, and any supplier penalties will be passed along to participants. Full terms and conditions here: <https://ayelet.com/terms-and-conditions/>

I hereby authorize **Ayelet Tours Ltd.** to charge the credit card provided above. I understand that my payment by check or credit card is necessary in order to reserve airline seats and hotel accommodations.

Card Holder's Signature: _____ Hand-written signature required (not typed name/digital signature)
– please scan and email, mail or fax back completed form.

Card Billing Address (if different than home address above):

Street: _____

City: _____ State: _____ Zip: _____

Credit Card Payment: Please fax forms to **518-783-6003**.

Mail original registration form and deposit check to:

AYELET TOURS, 19 AVIATION ROAD, ALBANY, NY 12205

Check Payment: If faxing or emailing form, deposit check must be received within 2 weeks.

Need further assistance? Contact Ayelet Tours: **800-237-1517** or **ayelet@ayelet.com**.

We recommend that you retain copies of your check, the forms and documents.



TRAVEL INSURANCE: (MUST CHOOSE ONE AT TIME OF REGISTRATION)

We recommend the purchase of comprehensive travel insurance, including trip cancellation and baggage – many destinations will require insurance that includes coverage related to COVID. Please note many policies require purchase within 15 days to be eligible for certain benefits. Travel insurance is recommended to help protect you and your trip investment against the unexpected. For your convenience, we offer a travel insurance plan through Travelex Insurance Services. For more information and rates, refer to the 360° Group Choice flyer here: https://secure.ayelet.com/assets/documents/Travelex_360_Group_Choice_Flyer.pdf. Travel Insurance is offered on behalf of and under the direction of Travelex Insurance Services.

YES - I would like to purchase the offered travel protection plan.

If selected, insurance coverage will be invoiced to cover your full land tour cost, plus up to \$2,000/person towards airfare. Once you have flights in place, please contact ayelet@ayelet.com to adjust your coverage amount based on final flight pricing. I have read and understand the policy, which includes the full coverage term details, including exclusions and limitations, and Travel Protection Plan flyer, which includes important consumer information, plan highlights, and rates. To view/download the policy, visit: <https://policy.travelexinsurance.com/GCZ-1023>

NO - I wish to decline travel protection at this point in time.

If you do not wish to purchase now, the group plan can be purchased any time prior to final payment. Additional travel Insurance information and rates are available at <https://ayelet.com/israel-travel-insurance/>

To view state specific fraud warnings, visit: <https://www.travelexinsurance.com/company/fraud-warning>. Travelex Insurance Services Inc. ("Travelex Insurance") maintains an updated list of alerts and financial defaults on its website available at: <https://www.travelexinsurance.com/customer-service/travel-alerts/travel-supplier>.

Travelex Insurance Services, Inc. CA Agency License #0D10209. Insurance coverages underwritten by individual member companies of Zurich in North America, including Zurich American Insurance Company (NAIC #16535).

CANCELLATION REQUESTS:

Requests for cancellation must be made in writing. Each tour is priced as a package and no refund or discount will be made for any part of the tour/activity in which you choose not to participate. In addition, no refunds will be made if you leave the trip voluntarily or for cause after the date of departure. Participants may also be subject to any cancellation fees assessed by the purveyors of services, including airlines or hotels.

****PLEASE FORWARD A COPY OF THE PASSPORT PICTURE PAGE FOR ALL PARTICIPANTS****

MUST BE FILLED OUT AT TIME OF REGISTRATION

IMAGE RELEASE: By signing this form, I authorize Ayelet Tours, Ltd. and the tour host organization (if applicable) without limitation to use picture and/or videos of myself and my family taken during our tour in promotional materials, including print, website, social media and video, without consideration of any kind. I hereby release Ayelet Tours and the tour host organization from any claims that may arise in said regard.

To OPT OUT of image release (if you do NOT want your image used), please initial here _____.

GROUP ROSTER: Should a group roster be made available to participants, I do NOT want my information included. Please initial here _____.

I understand that my reservation will be accepted subject to the above terms and conditions. I have read, understand and agree to the above terms and conditions and understand that this document constitutes an agreement between the undersigned participant and Ayelet.

Participant's Signature: _____ **Date:** _____

Disclaimer: Ayelet Tours, Ltd. acts only as an agent for the tour members in making arrangements for hotels, transportation, touring, restaurants or any other services in connection with the itinerary. We will exercise reasonable care in making such arrangements. However, we do not assume nor bear any responsibility or liability whatsoever for any injury, death, damage, loss, accident, delay or irregularity to person and property because of an act, sickness, or circumstance beyond our control or an act of default of any hotel, airline carrier, restaurant, company, or person rendering any of the services included in the tour. The right is reserved to cancel or change itineraries or to substitute comparable service without notice. The right is reserved to decline to accept or retain any tour participants should such person's health or general comportment impede the operation of the tour or detrimentally affect the other tour participants.



PARTICIPANT INFORMATION (ADDITIONAL)

First Name: _____ Middle Name: _____
Last Name: _____ Nickname for Name Badge: _____
 Mr. Mrs. Ms. Dr. Male Female
Email: _____ Date of Birth (mm/dd/yyyy): _____
Passport Number: _____ Exp. Date (mm/dd/yyyy): _____
Place of Issue: _____ Citizen of: _____
Dietary Restrictions and Allergies (during the tour): _____
Special meal requests on flight if booked with Ayelet (please specify): _____

PARTICIPANT INFORMATION (ADDITIONAL)

First Name: _____ Middle Name: _____
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 Mr. Mrs. Ms. Dr. Male Female
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Place of Issue: _____ Citizen of: _____
Dietary Restrictions and Allergies (during the tour): _____
Special meals requests on flight if booked with Ayelet (please specify): _____

EMERGENCY CONTACT (EC) INFO

Emergency Contact (EC) Name: _____
EC Email: _____ EC Home Phone: _____
EC Work Phone: _____ EC Mobile Phone: _____

PLEASE FORWARD A COPY OF THE PASSPORT PICTURE PAGE FOR ALL PARTICIPANTS
Make as many copies of this page as needed to accommodate all participants who will travel.

