MARYLAND PUBLIC TELEVISION
CHARLESTON, SC & SAVANNAH, GA
Tuesday, May 12 ~ Sunday, May 17, 2020

Combine Charleston, SC, with Savannah, GA, for a grand and gracious tour filled with lots of Southern Hospitality. Locally guided tours will give you an insider’s view of these historic cities filled with striking architecture, cobblestone streets, beautiful gardens and lots of Southern charm.

DAY ONE
After an early morning departure, we’ll head south making our customary rest stops and lunch stop (at your expense) en route. Late afternoon arrival in Fayetteville, NC at the DoubleTree by Hilton Hotel. Dinner included this evening at a local restaurant. Meal(s): Dinner

DAY TWO
Following breakfast and check-out, you’ll depart the hotel for Charleston, SC. Upon arrival in Charleston, you’ll have lunch (at your own expense) before taking a guided carriage tour of the historic district. On the tour you’ll learn the secrets and stories of this historic city. Following the tour, you’ll check into the Hilton Garden Inn, located in downtown Charleston along the waterfront for two (2) nights. Dinner is included this evening at a local restaurant. Meal(s): Breakfast, Dinner

DAY THREE
Following breakfast this morning, you’ll visit Magnolia Plantation and Gardens. Founded in 1676 by the Drayton family, Magnolia Plantation has survived the centuries and witnessed the history of our nation, from the American Revolution through the Civil War and beyond. Your visit will include a narrated tram tour of the plantation and a guided tour of the house, with free time to explore the gardens and have lunch (at your own expense). Following your visit, you will return to the historic district of Charleston for some free time to explore on your own. This evening enjoy a private sunset cocktail cruise aboard the Pride, an authentic 84-foot Tall Ship modeled after the 19th century coastal trading schooners that once dotted Charleston Harbor. With the sails full, you’ll glide along, enjoying exquisite views of Charleston Harbor, the U.S.S. Yorktown, Ft. Sumter, the Battery and more. Following the cruise, the remainder of the evening is at leisure. Dinner is at your own expense this evening. Meal(s): Breakfast
DAY FOUR
After breakfast and hotel check-out, you’ll depart Charleston for Savannah, GA. Arriving mid-morning, a local guide will take you on a tour of this charming city. Lunch is on your own today. This afternoon, you’ll take a guided tour of the historic Mercer Williams House, one of the most beautiful houses in Savannah and the setting for the book and film, “Midnight in the Garden of Good & Evil.” Later this afternoon, check into the DoubleTree by Hilton Savannah Historic District, conveniently located just steps from restaurants and shopping. Dinner is included this evening at a local restaurant. Following dinner, discover the spirits that still linger in Savannah on a guided Ghost Trolley Tour. Meal(s): Breakfast, Dinner

DAY FIVE
Following breakfast you’ll check out of the hotel and head to Beaufort, SC. Beaufort is filled with antebellum homes and has been the setting for a number of movies including The Big Chill, Forrest Gump and Prince of Tides to name just a few. A local guide will take you on a tour of Beaufort and relate to you the history, lore and local gossip of this scenic Low Country city. Following the tour, you will have time for lunch (at your own expense) before you depart Beaufort and continue on to Fayetteville, NC. Arrive late afternoon and check into the DoubleTree by Hilton Hotel. Dinner is included this evening at a local restaurant. Meal(s): Breakfast, Dinner

DAY SIX
After breakfast and check-out, you’ll depart Fayetteville and head north making the customary rest stop en route. Mid-day you’ll stop in Richmond, VA where you will have free time for lunch (at your own expense). This afternoon, you’ll learn about the history and local lore of Richmond on a guided tour before departing for home. Meal(s): Breakfast

TRIP INCLUSIONS
- Round trip transportation via private motorcoach equipped with reclining seats and restroom.
- Five (5) night’s accommodations: two (2) nights at the DoubleTree by Hilton Hotel in Fayetteville, SC (first and last); two (2) nights at the Hilton Garden Inn Charleston Waterfront in Charleston, SC; one (1) night at the DoubleTree by Hilton Savannah Historic District in Savannah, GA
- Nine (9) included meals: five (5) breakfasts, four (4) dinners
- Narrated carriage tour of Charleston’s historic district
- Visit to Magnolia Plantation including tram tour, guided house tour and self-guided tour of the gardens
- Two (2) hour private sunset cocktail cruise aboard the Pride of Charleston, an authentic 84-foot Tall Ship
- Guided tour of Savannah, GA
- Guided tour of the Mercer Williams House, one of the most beautiful historic houses in Savannah
- Guided Ghost Trolley Tour of Savannah, GA
- Guided tour of Beaufort, GA
- Baggage handling for one (1) suitcase per person
- Services of a Boscov’s Travel Tour Escort
- All taxes and gratuities for included features
- Gratuities for the Tour Escort, Motorcoach Driver and Local Guides

Depart Owings Mills, MD at 7:00 am
Approximate return to Owings Mills, MD by 8:00 pm

COST PER PERSON

<table>
<thead>
<tr>
<th>DOUBLE OCCUPANCY</th>
<th>SINGLE OCCUPANCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,698</td>
<td>$2,243</td>
</tr>
</tbody>
</table>

OPTIONAL: GROUP DELUXE TRAVEL PROTECTION PLAN
Extensive plans to help protect your trip. We encourage all travelers to purchase a plan at the time of initial trip deposit.
- $115 per person, Double Occupancy
- $145 per person, Single Occupancy
Travel Protection Plan becomes NON-REFUNDABLE 14 days from date of purchase.
**GENERAL TERMS & CONDITIONS**

**IMPORTANT INFORMATION:** All rates are based on a minimum of 35 participants. Should the numbers be less, the cost per person is subject to increase. Rates do not include any changes in government taxes or fuel surcharges that may be imposed at the discretion of the motorcoach company.

**PAYMENT INFORMATION:** A deposit of $250.00 per person, along with the reservation coupon, is required to confirm a reservation. Deadline for final payment is March 13, 2020. You may charge any portion or the entire amount to your Boscov’s Charge, MasterCard or Visa. If paying by check, please make it payable to Boscov’s Travel.

**CANCELLATIONS:** Regardless of reason, cancellations are a costly process. To offset these expenses, an administrative fee of $25.00 per person will apply, as well as any non-recoverable costs. In addition, the following assessments will be incurred: from March 13, 2020 to April 12, 2020 - $250 per person plus any non-recoverable costs; from April 13, 2020 to date of departure – NO REFUND.

**OPTIONAL TRAVEL PROTECTION PLAN:** Group Deluxe Travel Protection is OPTIONAL and NOT included in the price quoted. If you decide to purchase a Travel Protection Plan, it is encouraged at the time of initial trip deposit. Plans help provide coverage for Trip Cancellation/Interruption, Baggage Delay/Loss, Emergency Accident and Sickness Medical Expense, Emergency Evacuation/Reparation of Remains, and more! These are only the highlights of the plan so please refer to your Plan Document for benefit limits and specifications. Travel Protection Plan becomes NON-REFUNDABLE 14 days from date of purchase.

**TOUR COSTS:** It is assumed that each individual will use all portions of the tour; there is no refund for unused sightseeing, meals, transportation, hotels or admissions.

**CHANGES IN ITINERARY:** None are anticipated, but we reserve the right to make such changes, if they are for the comfort of our guests or due to conditions beyond our control.

**GRATUITIES:** Your tour includes all necessary gratuities for included meals, guides, driver and tour escort.

**RESPONSIBILITIES:** Boscov’s Travel acts solely in the capacity of agent on behalf of its patrons, arranging transportation, lodging, sightseeing, meals and other services and, as such, is not responsible for damage, loss, delay, injury, or accident due to any act or default on the part of any company or person engaged in providing transportation, lodging, sightseeing, meals or other services which are part of this tour. Rates quoted are based on tariffs current at time of printing and are subject to changes.

**CONDITIONS:** Boscov’s Travel expressly reserves the right to withdraw any tour or make any change in the tour, with or without notice, which may become necessary. No carrier with whom transportation shall be arranged in connection with the tour shall have or incur any responsibility to any person taking the tour, except its liability as a common carrier. Neither the motorcoach company nor Boscov’s Travel shall be held liable for the loss of any property or valuables left on a motorcoach. Furthermore, anything left onboard shall be considered left at the owner’s risk. No employee of the motorcoach company or Boscov’s Travel may say anything to alter the liability of the foregoing for the motorcoach company or Boscov’s Travel.

---

**GENERAL LIMITATIONS AND EXCLUSIONS**

Insurance benefits are not payable for any loss due to, arising or resulting from: 1. suicide, attempted suicide or any intentionally self-inflicted injury of You, a Traveling Companion, Family Member or Business Partner booked to travel with You; while sane or insane; 2. an act of declared or undeclared war; 3. participating in maneuvers or training exercises of an armed service, except while participating in weekend or summer training for the reserve forces of the United States, including the National Guard; 4. riding or driving in races, or speed or endurance competitions or events; 5. mountaineering (engaging in the sport of scaling mountains generally requiring the use of picks, ropes, or other special equipment); 6. participating as a member of a team in an organized sporting competition; 7. participating in bodily contact sports, skydiving or parachuting, hang gliding or bungee cord jumping; 8. piloting or learning to pilot or acting as a member of the crew of any aircraft; 9. being Intoxicated, or under the influence of any controlled substance unless as administered or prescribed by a Legally Qualified Physician; 10. the commission of or attempt to commit a felony or being engaged in an illegal occupation; 11. normal childbirth or pregnancy (except Complications of Pregnancy) or voluntarily induced abortion; 12. dental treatment (except as coverage is otherwise specifically provided); 13. amounts which exceed the Maximum Benefit Amount for each coverage as shown in the Schedule of Benefits; 14. due to a Pre-Existing Condition, as defined in the Policy. The Pre-Existing Condition Limitation does not apply to the Emergency Medical Evacuation or return of remains coverage; 15. medical treatment during or arising from a Trip undertaken for the purpose or intent of securing medical treatment; 16. a mental or nervous condition, unless hospitalized for that condition while the Policy is in effect for You; 17. due to loss or damage (including death or injury) and any associated cost or expense resulting directly from the discharge, explosion or use of any device, weapon or material employing or involving chemical, biological, radiological or similar agents, whether in time of peace or war, and regardless of who commits the act and regardless of any other sequence thereto.

Please refer to the Plan Document for a complete description of the plan.

**OPTIONAL TRAVEL PROTECTION PLAN**

The following limitation applies to Trip Cancellation: All cancellations must be reported to the Travel Supplier within 72 hours of the event causing the need to cancel. If the event delays the reporting of the cancellation beyond the 72 hours, the event should be reported as soon as possible. All other delays of reporting beyond 72 hours will result in reduced benefit payments.

Additional Limitations and Exclusions Specific to Baggage and Personal Effects: Benefits are not payable for any loss caused by or resulting from: breakage of brittle or fragile articles; wear and tear or gradual deterioration; confiscation or appropriation by order of any government or custom’s rule; theft or pilferage while left in any unlocked or unattended vehicle; property illegally acquired, kept, stored or transported; Your negligent acts or omissions; or property shipped as freight or shipped prior to the Scheduled Departure Date; or electrical current, including electric arcing that damages or destroys electrical devices or appliances.

Pre-Existing Conditions Exclusion

Your plan contains a Pre-Existing Conditions provision which may have an impact on your insurance coverage. Pre-existing Condition means an injury, sickness or condition of you or your traveling companion, family member or your business partner scheduled or booked to travel with you within the 180 day period prior to the Effective Date of Your Trip Cancellation coverage under the plan. Please refer to the Plan Document for the complete definition of a pre-existing condition.

Purchase Up to Final Trip Payment for Pre-Existing Condition Waiver!

The Pre-Existing Condition Exclusion will be waived if the protection plan is purchased at or before final trip payment for the trip, for the full non-refundable cost of the trip and you are not disabled from travel at the time you pay the premium.

**PLEASE REFER TO THE PLAN DOCUMENTS FOR A COMPLETE DESCRIPTION OF COVERAGE.**

This document contains highlights of the plan. The plan contains insurance benefits underwritten by the United States Fire Insurance Company under form series T210. C&amp;F and Crum & Forster are registered trademarks of United States Fire Insurance Company. The Crum & Forster group of companies is rated A (Excellent) by AM Best Company 2018. The plan also contains non-insurance Travel Assistance Services that are provided by On Call International, and not by United States Fire Insurance Company or Travel Insured International. Coverages may vary and not all coverage is available in all jurisdictions. Individuals looking to obtain additional information regarding the features and pricing of each travel plan component, please contact Travel Insured.
RESERVATION COUPON

RETURN TO: Boscov’s Travel, 121 Palmer Park Mall, Easton, PA 18045. For more information contact your MPT Travel Specialist at 1.833.282.8738 or email MPTtravel@boscovs.com.

___ I want to join Maryland Public Television for the Charleston, SC and Savannah, GA tour on May 12-17, 2020.
___ My deposit of $250 per person is enclosed for _____# of person(s) sharing #_____room(s).
___ I wish to add the OPTIONAL GROUP TRAVEL PROTECTION PLAN** at $115 per person, Double Occupancy; $145 per person, Single Occupancy.
___ I decline the Optional Group Travel Protection Plan

______________________________ Initials ________________________ Date

#1 First Name__________________   Middle Name ___________________________   Last Name ________________________
Address____________________________  City __________________ State ______ Zip____
Cell Phone #________________________ Email Address __________________________
Emergency Contact Name_____________________  Cell Phone # (_________), __________________________ Relationship to Traveler ____________
Sharing with _____________________________

Special requests (including but not limited to a CPAP machine, refrigerated medication, epi pen, mobility assistance devices, oxygen, dietary restrictions, special services, etc.): ______________________________________________________________________________________

IMPORTANT: I have read and agree to the above terms and conditions of the operator participant agreement and I authorize the use of my credit card if indicated as form of payment.

______________________________
SIGNATURE OF PARTICIPANT

DATE ______________________

___ I wish to pay by CHECK – please make your check payable to BOSCOV’S TRAVEL
CHECK # ______________________
EXP: ___________________________ Security Code: __________
___ I wish to use my MASTERCARD/VISA # __________________________
___ I wish to use my BOSCOV’S CHARGE**#
**Please contact your MPT Travel Specialist for details.

#2 First Name__________________   Middle Name ___________________________   Last Name ________________________
Address____________________________  City __________________ State ______ Zip____
Cell Phone #________________________ Email Address __________________________
Emergency Contact Name_____________________  Cell Phone # (_________), __________________________ Relationship to Traveler ____________
Sharing with _____________________________

Special requests (including but not limited to a CPAP machine, refrigerated medication, epi pen, mobility assistance devices, oxygen, dietary restrictions, special services, etc.): ______________________________________________________________________________________

IMPORTANT: I have read and agree to the above terms and conditions of the operator participant agreement and I authorize the use of my credit card if indicated as form of payment.

______________________________
SIGNATURE OF PARTICIPANT

DATE ______________________

___ I wish to pay by CHECK – please make your check payable to BOSCOV’S TRAVEL
CHECK # ______________________
EXP: ___________________________ Security Code: __________
___ I wish to use my MASTERCARD/VISA # __________________________
___ I wish to use my BOSCOV’S CHARGE**#
**Please contact your MPT Travel Specialist for details.

#2 First Name__________________   Middle Name ___________________________   Last Name ________________________
Address____________________________  City __________________ State ______ Zip____
Cell Phone #________________________ Email Address __________________________
Emergency Contact Name_____________________  Cell Phone # (_________), __________________________ Relationship to Traveler ____________
Sharing with _____________________________

Special requests (including but not limited to a CPAP machine, refrigerated medication, epi pen, mobility assistance devices, oxygen, dietary restrictions, special services, etc.): ______________________________________________________________________________________

IMPORTANT: I have read and agree to the above terms and conditions of the operator participant agreement and I authorize the use of my credit card if indicated as form of payment.

______________________________
SIGNATURE OF PARTICIPANT

DATE ______________________

___ I wish to pay by CHECK – please make your check payable to BOSCOV’S TRAVEL
CHECK # ______________________
EXP: ___________________________ Security Code: __________
___ I wish to use my MASTERCARD/VISA # __________________________
___ I wish to use my BOSCOV’S CHARGE**#
**Please contact your MPT Travel Specialist for details.

#2 First Name__________________   Middle Name ___________________________   Last Name ________________________
Address____________________________  City __________________ State ______ Zip____
Cell Phone #________________________ Email Address __________________________
Emergency Contact Name_____________________  Cell Phone # (_________), __________________________ Relationship to Traveler ____________
Sharing with _____________________________

Special requests (including but not limited to a CPAP machine, refrigerated medication, epi pen, mobility assistance devices, oxygen, dietary restrictions, special services, etc.): ______________________________________________________________________________________

IMPORTANT: I have read and agree to the above terms and conditions of the operator participant agreement and I authorize the use of my credit card if indicated as form of payment.