

# Reservation Coupon

Send to: **Boscov's Travel, 121 Palmer Park Mall, Easton, PA 18045.** For more information contact your **Boscov's Travel Representative at 1.833.282.8738** or you may email at **MPTtravel@boscovs.com.**

\_\_\_\_ I wish to join **MARYLAND PUBLIC TELEVISION** for the **ITALIAN SPLENDOR TOUR** traveling on **September 7 – 15, 2019.**

\_\_\_\_ My **FULL NON-REFUNDABLE** deposit of **\$350 per person** is enclosed for \_\_\_\_ # of person(s).

\_\_\_\_ I wish to add the **OPTIONAL TRAVEL PROTECTION PLAN**

\_\_\_\_ **\$319 per person** ~ Double Occupancy      \_\_\_\_ **\$353 per person** ~ Single Occupancy

\*\*\*We encourage all travelers to purchase a plan at the time of initial deposit\*\*\*

**Should anything additional be added to your booking to increase your per person cost, your travel protection plan rates will be adjusted accordingly in order to provide complete coverage of your package.**

\_\_\_\_ I **DECLINE** Optional Group Travel Protection \_\_\_\_\_ Initials \_\_\_\_\_ Date

**Due to security requirements any name changes after documents are issued will incur a change fee.**

**FULL LEGAL NAME (S) MUST BE LISTED EXACTLY AS THEY APPEAR ON YOUR PASSPORT INCLUDING MIDDLE NAMES AND/OR INITIALS. PLEASE INCLUDE A COPY OF YOUR PASSPORT.**

#1 First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

#1 Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_ M \_\_\_\_ F Passport Number \_\_\_\_\_ Date of Expiration \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Cell Phone # ( \_\_\_\_ ) \_\_\_\_\_ Relationship to Traveler \_\_\_\_\_

Are you a U.S. Citizens? \_\_\_\_ Yes \_\_\_\_ No. If No, What Nationality \_\_\_\_\_

Special requests: (Wheelchairs, special services, diet, etc...) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Telephone: \_\_\_\_\_ Relationship \_\_\_\_\_

**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 # \_\_\_\_\_

\_\_\_\_ I wish to use my **MASTERCARD/VISA #** \_\_\_\_\_ EXP: \_\_\_\_\_ Security Code: \_\_\_\_\_

\_\_\_\_ I wish to use my **BOSCOV'S CHARGE#** \_\_\_\_\_ I would like **12 Months No Interest**

**Use your Boscov's Charge on your payment of over \$299 and receive 12 Months No Interest – See your Boscov's Travel Representative for details**

-----  
#2 First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

#2 Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_ M \_\_\_\_ F Passport Number \_\_\_\_\_ Date of Expiration \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Cell Phone # ( \_\_\_\_ ) \_\_\_\_\_ Relationship to Traveler \_\_\_\_\_

Are you a U.S. Citizens? \_\_\_\_ Yes \_\_\_\_ No. If No, What Nationality \_\_\_\_\_

Special requests: (Wheelchairs, special services, diet, etc...) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Telephone: \_\_\_\_\_ Relationship \_\_\_\_\_

**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 # \_\_\_\_\_

\_\_\_\_ I wish to use my **MASTERCARD/VISA #** \_\_\_\_\_ EXP: \_\_\_\_\_ Security Code: \_\_\_\_\_

\_\_\_\_ I wish to use my **BOSCOV'S CHARGE#** \_\_\_\_\_ I would like **12 Months No Interest**

**Use your Boscov's Charge on your payment of over \$299 and receive 12 Months No Interest – See your Boscov's Travel Representative for details**