

# 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 you may email at [MPTtravel@boscovs.com](mailto:MPTtravel@boscovs.com).*

\_\_\_ I want to join Maryland Public Television for the **Newport, Rhode Island tour, April 11 -14, 2019.**

\_\_\_ 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 **\$93 per person, Double or Triple Occupancy; \$115 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 # \_\_\_\_\_ EmailAddress \_\_\_\_\_

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

Sharing with \_\_\_\_\_

Special requests: (Wheelchairs, special services, diet, 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 # \_\_\_\_\_

\_\_\_ 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**

\*\*Please contact your Boscov's Travel Specialist for details.

\*\* (on purchases of \$299 or more)

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

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**SIGNATURE OF PARTICIPANT**

\_\_\_\_\_  
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