

The Diocese of Portland Eucharistic Congress July 17-21, 2024

Registrant Name: _____ Date of Birth: _____

Address _____ State: _____ ZIPCODE: _____

Email Address: _____ Cell phone number: _____

LAND ONLY Those making their own air reservations must arrive at the Indianapolis Airport prior to 10:45 for free transportation to the Sheraton Keystone Crossing Hotel.

\$1299.00 (Single supplement must call Dube Travel for availability ____ add \$499.00)

AIR & LAND

\$1985.00 (Single supplement must call Dube Travel for availability ____ add \$499.00)

Air (& Land) package must be booked no later than 3/31/24. After 3/31/24 price will be based on availability and any fare increases.

PLEASE NOTE: PARTICIPANTS MUST PURCHASE PASS SEPARATELY

Participants must also purchase a Congress Pass separately (\$299-\$375/adult). Individuals living in Maine may contact Lori Dahlhoff at the Diocese of Portland for more information, including a potential for a deep discount of only \$110/adult.
Lori.Dahlhoff@PortlandDiocese.org or 207.321.7870

How to register: You may mail this form along with your deposit either by check or credit card number and a photocopy of the form of identification that will be used for airport check-in for those choosing AIR & LAND. The address is:

DUBE TRAVEL, 250 CENTER ST, AUBURN, ME 04210

or

You may scan this form if using a credit card to Teena Rodrigue at Dube Travel trodrigue@dubetravel.com

You may call Teena with any questions you may have.

Credit card information

Card Holder name: _____

Card number: _____ Security Code: _____ Exp. Date: _____

PLEASE NOTE: THERE IS A 3% CHARGE FOR CREDIT CARD METHOD OF PAYMENT.



Space is limited, make your reservation soon!



TERMS AND CONDITIONS:

Deposit and Final Payment: A deposit of \$250.00 per person is required to make your reservations. Balance will be due no later than April 17th, 2024

Credit Card Payments: We accept Master Card and Visa. Keep in mind a 3% charge will be incurred at time of payments.

Cancellation and Fees: If you must cancel it must be done in writing. Cancel prior to April 17, 2024 will result in a cancellation fee of \$100. Per person. If cancelled after April 17, 2024 full payment is non-refundable.

Insurance: Health, accident, baggage and trip cancellation and interruption insurance is available. Due to our firm cancellation policy, we strongly recommend coverage.

Important: If you have a pre-existing health condition, you must purchase insurance within the first 10 days of your deposit.

An insurance quote will be provided along with your receipt for the deposit. Should you wish to purchase the insurance, only credit cards are accepted by the insurance company and no charge for credit card usage. No checks for insurance.

INSURANCE INFORMATION

Please note: Insurance is not mandatory but highly advisable.

In order to complete your reservation please choose one of the following:

1. I do not wish to purchase insurance at this time and am declining the insurance Coverage. I understand the penalties that will apply if I need to cancel or other Protections that will not apply. I, the undersigned will not hold Dube Travel and Or its agents responsible for any expenses incurred by me resulting from delay or cancellation of my trip, accident, sickness, death, stolen or damaged baggage and or property.

SIGNED: _____ DATED: _____

2. Please do send me information with my receipt of deposit so that I may decide. I understand that in order to cover any pre-existing medical conditions mine, Or immediate family members that may cause my cancellation of this trip that I must purchase the insurance within 14 days of the date on my receipt of deposit.

SIGNED: _____ DATED: _____

ONE OF THESE CHOICES MUST BE SIGNED IN ORDER TO COMPLETE MY RESERVATION

Responsibility:

Dube Travel/Travel Leaders is acting only as an agent for the passenger, and therefore accepts no responsibility for any delayed departures or arrivals, missed connections, loss, damage, or injury to person or property. Dube Travel, Delta, & Aliantour reserve the right to change the itinerary and substitute arrangements of any equal value, if in their opinion circumstances warrant change.

I have read, understood and agree to all the Terms and Conditions mentioned above:

Name: _____ Date: _____