



Leading the Way to Adventure Since 1987

Travel Agent Trip Registration Form

AGENT CONTACT INFORMATION						
Agency Name	Booking Agent					
Email	mail Website					
Street Address						
City	Prov/State	Post Code Country				
Bus Tel	Fax Tel	Toll-Free				
GUEST INFORMATION						
1	Email	Age	Height	Weight	Gender	
2	Email	Age	Height	Weight _	Gender	
3	Email	Age _	Height	Weight _	Gender	
4	Email	Age	Height	Weight _	Gender	
Rooming Preference -	(1 Bed, 2 Beds, etc.)					
☐ I am Solo	☐ Willing to Share ☐ Re	quest Single Supplem	ent (Details	on Each Trip	Web Page)	
Note - Please add additional trips or guest names & details to the comments section below.						
TRIP INFORMATION						
Trip Name #1	lame #1 Date of Trip #1					
Trip Name #2	Trip Name #2 Date of Trip #2					
Trip Name #3	Date of Trip #3					
Trip Name #4	e #4 Date of Trip #4					
I will be needing additional personalized travel arrangements before or after my trip - $\ \square$ Y $\ \square$ N						





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GUEST CREDIT CARD PAYMENT AUTHORIZATION

This is to verify that I (print name) authorize Island Expeditions Co Ltd. to charge my cremy/our space. I authorize Island Expeditions to charge deposit taken) 60 days prior to my trip start date. I also added to my account after my final balance is due.	edit card for a deposit and my credit card the final to	mount of \$200 per person to confirm palance \$ (minus the
Name (as it appears on the credit card)		(□ Visa or □ MasterCard)
(Card Number)	(Exp. Date)	CCV
Signature (of credit card holder) Please be aware that some US financial institutions have recently begun cheven though no currency conversion takes place. Please	arging card holders a 'foreign trans	saction fee' on US currency credit card transactions
COMMENTS / AF	RRANGEMENT NOTES:	
Please tell us how you heard about Island Expedition Have you travelled with Island Expeditions Co. before what trip?	e? □Y □N If so, \	when?





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Once your registration form has been received, we will send a confirmation e-mail that includes links to important pre-trip information, plus links to a medical form and liability waiver document. **If you do not receive your trip confirmation e-mail within 2 business days, please contact our office**. The medical and liability waiver form needs to be received by our office at least 30 days prior to your trip departure.

TERMS & CONDITIONS

I have read carefully and fully understand the contents of this registration form as well as the conditions listed herein including the cancellation and refund policies. I also understand that I must complete and sign a medical form and release of liability prior to trip departure. I understand that I will receive an invoice with a final balance and due date from Island Expeditions Co. I hereby acknowledge that if my final payment is not received by the due date indicated on my invoice, I authorize Island Expeditions Co. to charge the balance owed to the credit card I have provided above.

CANCELLATIONS AND REFUNDS

If for any reason you need to cancel, be aware that many of our trip costs are incurred well in advance of trip departures and others may have been turned away because the trip has filled. All cancellations must be received by our office in writing and refunds will be issued according to the following schedule

- 60+ days prior to departure, deposit retained
- 41-60 days prior to departure 70% refund
- 21-40 days prior to departure 35% refund
- 0-20 days prior to departure the full amount is retained

In the unlikely event Island Expedition Co. may need to cancel a trip due to insufficient guests, you will receive a full refund for the land portion of the trip. Island Expeditions strongly recommends that you purchase medical & trip cancellation insurance for your protection.

Signature	
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