



INDIANA HISTORICAL SOCIETY
Civil War in D.C.
November 3-6 2015

This tour includes airfare, please provide: Full Legal Name and DOB: (First, Middle Initial, Last: must match government issued ID or passport):

Passenger #1: _____ DOB _____

Passenger #2: _____ DOB _____

“Nick Name” (if any) as you want it to appear on your name tag(s):

1. _____ 2. _____

Please indicate your air seating preference (circle) (not guaranteed):

Passenger #1: Window / Middle / Aisle

Passenger #2: Window / Middle / Aisle

Please note: Airlines will not allow us to pre-request bulk-head seating or exit row seating.

Contact Information

Email: _____

Phone: _____ Alternate Phone: _____

Mailing Addresses: _____ City: _____ State: _____ Zip: _____

Booking details

Double occupancy \$1,949.00 Member / \$2,099.00 Non-member (includes membership)

Single occupancy \$2,239.00 Member / \$2,389.00 Non-member (includes membership)

Non-refundable (unless travel insurance is purchased) \$500 per person deposit due with registration

Travel Guard Travel Protection (optional but recommended): Since tour members may have to cancel or leave a tour early due to unforeseen circumstances, we highly recommend the purchase of this insurance. If you are interested in travel insurance, please contact Jennifer Hiatt at 317-234-2670 or jhiatt@indianahistory.org for pricing.

I decline travel insurance

Please add travel insurance to my package

Single occupancy: _____

Double occupancy : _____

Total amount due (please include insurance if you opted for it): _____

Less deposit: _____

Date sent: _____

Balance due by August 15, 2015 _____

(a reminder will be mailed)

Payment Type: Check _____ Credit Card _____ Credit Card: MC VISA AMEX DISCOVER

Card Number: _____ Exp. _____

Cancellation policy: if insurance is not purchased, cancellation charges are: 91 days and earlier: full refund; 90-61 days prior to departure: \$500.00 plus the cost of any non-refundable airline tickets; 60 and less days prior to departure: no refund.

Please list any food or other allergies & special diet requests, such as vegetarian:

Please note that not every diet can be accommodated, and that providing the information does not guarantee the ability to supply your specific dietary needs, especially for diets described as low fat and low cholesterol. Diets such as dairy free, gluten free and vegetarian can typically be provided.

If traveling as a couple, please specify 1 bed or 2: One bed Two beds

Do you have any important physical conditions that might flare up and require medical attention? Medical care is not included in the trip cost nor is it guaranteed. This information is requested so that if assistance becomes necessary, correct information can be given to emergency health care providers.

Emergency Contact Information

In the event of an Emergency, please designate a contact who will not be travelling with you:

Name: _____ Relationship: _____

Phone: _____ Alternate contact method: _____

Please sign this and send it to the address below. By signing this you agree to the Terms and Conditions of the trip as they are described on this Registration Form.

Signature: _____ Date: _____

Mail this signed *Registration Form* with your *Trip Deposit* to:

Jennifer Hiatt – Eugene and Marilyn Glick Indiana History Center, 450 West Ohio Street, Indianapolis, IN 46202.

For questions call – 317-234-2670