



INDIANA HISTORICAL SOCIETY
War of 1812 Bicentennial
September 24-29, 2012

Attendee name/s: _____

Contact Information

Email: _____

Phone: _____ Alternate Phone: _____

Mailing Addresses: _____

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

1. _____ 2. _____

PASSPORT OR PASS CARD REQUIRED FOR THIS TOUR TO ENTER/DEPART CANADA

Booking details

Prices:

- Double Occupancy: \$1,725 Member / \$1,850 Non-member
After June 1: \$1,975 Member / \$2,100 Non-member
- Single Occupancy: \$2,020 Member / \$2,145 Non-member
After June 1: \$2,270 Member / \$2,395 Non-member

A \$500 non-refundable deposit is due with registration. Final payments are due on August 1, 2012.

Trip cost includes:

- Transportation via luxury coach, restroom equipped
- 5-nights' accommodations
- Baggage handling
- 11 Meals: 6 breakfasts, 2 lunches, 3 dinners
- Admission to attractions noted in itinerary

Travel insurance for the trip can be purchased at the rate of \$121 per person, double occupancy registration or \$144 per single occupancy registration.

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 1, 2012 _____

Please list any Food or other Allergies & special diet requests, such as vegetarian:

Please note that not every diet can be provided, and that informing IHS of your condition 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, vegetarian, vegan, and other diets related to food allergies 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: _____

Agreement

Cancellation policy: If travel insurance is not purchased (see below), the following cancellation charges will apply*:

- **Full refund, less deposit** if cancellation is made at least 45 days before the start of the trip.
- **\$200 charge** if cancellation is made 44-31 days before the start of the trip. Deposit is non-refundable.
- **No refund** if cancellation is made less than 30 days prior to the start of the trip.

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