

MEDITERRANEAN STUDIES ASSOCIATION TOUR THROUGH SICILY

May 29 – June 2, 2005

PAYMENT SCHEDULE: Please make all checks payable to Mediterranean Studies Association; you may also charge your credit card (see below).

Deposit: \$100 due now (\$200 deposit if today's date is after March 1)

2nd deposit: \$100 due on March 1

Balance due by April 15, 2005

SEND REGISTRATION & ALL PAYMENTS TO: Mediterranean Studies Association, PO Box 212, East Sandwich, MA 02537, USA.

A VALID PASSPORT IS REQUIRED FOR U.S. CITIZENS

Responsibility: Mediterranean Studies Association and other participating organizations act solely as agents in arranging transportation, hotel accommodations, and other services. We do not assume, and in fact, we expressly disclaim, any liability for injury, damage, loss, accident, or delay due to any act, negligence or default of the tour guide or any company or person engaged in transporting the passengers or rendering any service, or carrying out the arrangements for any tour, or their agents, servants and employees.

Guarantee & Rate: Once we have received your full payment, your rate is secure. However, in the event of increases in operating costs, tariffs, or taxes prior to your departure date we reserve the right to add a surcharge. You would be notified prior to travel.

Insurance: Trip cancellation insurance for medical reasons is highly recommended.

Cancellation Policy: Cancellations are effective on date received in writing. Full refund (minus a \$75 administration fee) will be made for cancellations up to 91 days prior to departure. After that period, additional cancellation fees will be assessed as follows:

- 90-61 days prior to departure – Loss of deposit
- 60-45 days prior to departure - 35% of total tour price
- 44-31 days prior to departure - 50% of total tour price
- 30-0 days prior to departure - 100% of total tour price

Please note: Any unused tour portions are non-refundable. Claims for a refund must be sent in writing within 30 days of completion of tour.

REGISTRATION FOR MEDITERRANEAN STUDIES ASSOCIATION TOUR May 29 – June 2, 2004

NAME: _____

(Exactly as it reads on Passport)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TEL: (H) _____ (W) _____

E-MAIL: _____ ROOMMATE: _____

REQUESTS/COMMENTS: _____

CREDIT CARD (select MC or VISA) CARD NUMBER: _____ EXPIRATION DATE: _____

NAME: _____ AMOUNT TO CHARGE: _____

(Exactly as it reads on card)

SIGNATURE: _____