India Polio National Immunization Day Team Member Application

| Traveler 1: Name: | | | |
|---|-----------------------------|--------------|------------------------------|
| (Exa | ctly as it appears on your | passport) | |
| Passport No.: Please send | a photocopy of your pass | port along w | ith this form |
| Traveler 2: Name: | | | |
| (Exa | ictly as it appears on your | passport) | |
| Passport No.: Please send | a photocopy of your pass | port along w | ith this form |
| ADDRESS | | | |
| CITY | State | 7IP | COUNTRY |
| | | | |
| PHONE: CELL: | Day: | | Evening: |
| EMAIL: | | | |
| Member, Rotary Club of _ | | Dist | trict: |
| Rotary Position: | | | |
| Hotel Accommodations (p Single supplement added. | , , | Shared-Doul | ble |
| In case of emergency cont | act: | Phon | ie: |
| Tell us, in a few words, abo | out yourself. Your interest | s, occupatio | n, position in Rotary, other |

interests, what you hope to achieve on this trip.

| Food preferences and/or allergies? | | | | | |
|--|-------|-------|--|--|--|
| Other allergies? Animals, bedding, etc? | | | | | |
| Medical Conditions we need to be aware of? | | | | | |
| Team NID Shirt size: Men Women | | | | | |
| Number of Shirts: | | | | | |
| Hobbies: | | | | | |
| ======================================= | | | | | |
| I have read and accept all conditions listed herein. | | ===== | | | |
| Signature: | Date: | | | | |
| | | | | | |
| | | | | | |

PAYMENTS:

Payment in full, and a legible copy of the information page of your passport to be submitted with your application.

Please make checks payable to "NANCY BARBEE. Specify "India NID Rotary Tour" on the check.

Send to: Nancy Barbee PO Box 145 Pollocksville, NC 28573

TERMS AND CONDITIONS

Financial Responsibilities:

Payments are deposited in State Employee's Credit Union, New Bern, North Carolina until a wire transfer is made to my agent in India.

These funds are not used for any purpose other than to defray the program costs in India.

Per Person Tour Prices Include:

(1) Double occupancy hotel accommodations; SINGLE OCCUPANCE SUPPLEMENT IS AN ADDITIONAL PRICE (2) Specified meals and special events; (3) Private sightseeing bus and transfers; (4) English speaking guide (5) Entrance fees to monuments; (6) NID, Rotary and other special events and values as identified in the itinerary. (7) Airfares **in India**

Prices do NOT include:

- (1) Airfares to and from India;
- (2) Passport fees, if any;
- (3) Local airport departure taxes;
- (4) All insurance;
- (5) All personal expenses, (e.g., phone, laundry, etc.);
- (6) All health and medical services, and related expenses;
- (7) All travel immunizations, and related expenses;
- (8) Indian Visa Fee;
- (9) Refunds for missed or unused services;
- (10) Accommodations in excess of the nights listed in the itinerary;
- (11) Overnight delivery fees or delivery fees for clients outside the continental U.S.;
- (12) Meals not specified in the tour itinerary.
- (13) Tips to local guides, drivers,
- (14) Visa for India
- (15) Projects
- (16) Team Shirt—pay directly to Phil Panzarella. Cost for shirt and shipping is \$25.
- (17) Travel Insurance—highly recommended.

Phil Panzarella

Biz: 252-808-2800 Cell: 252-241-4326

Cancellations and Other Charges:

Cancellations must be made by letter or E-mail and NOT by telephone. There is a \$500 non-refundable service charge submitted at the time of this application.

Partial or total cancellations of tour services, regardless of reason, are subject to:

- (1) Funds that may be withheld or imposed by the airlines, hotels, sightseeing companies, etc. A per person cancellation service fee, prorated before departure, as follows:
- (2) \$1,000 up 45 to days before departure. Cancellations within 30 days of departure are fully non-refundable.