EXPRESS REGISTRATION FORM

BOOKING REFERENCE: PORTUGAL UNCOVERED, OCTOBER 1-10, 2027

GROUP CONTACT: JOHN SELLERS/ CNB DESTINATIONS CLUB/ 903-885-7523/

JOHN.SELLERS@BANKATCNB.COM

NAME PER PASSPORT GENDER: F ◯ M ◯

Please note: Your passport must have an expiration date after March 10, 2028.

FIRST NAME: _____MIDDLE NAME: _____LAST NAME: _____

ADDRESS: _____ CITY, STATE, ZIP: _____

CELL #: _____

DOB: _____

EMAIL: _____

ROOMING: SINGLE ◯ DOUBLE ◯ TRIPLE ◯ (SINGLE AND TRIPLES ARE LIMITED)

MY ROOMATE IS: _____

SPECIAL REQUEST – WE DO OUR BEST TO ACCOMMODATE, BUT SPECIAL REQUESTS ARE NOT GUARANTEED:

_____

LAND/AIR DEPOSIT DUE: $450

AON AFFINITY TRAVEL INSURANCE:YES ◯ NO ◯

*TRAVEL PROTECTION PLAN: $499

TOTAL (DEPOSIT PLUS TRAVEL PROTECTION PLAN): _____

AON AFFINITY ADMINISTRATOR: 800-453-4027

*FOR DETAILS OF TRAVEL PROTECTION PLAN COVERAGE VISIT: www.trafalgar.com/en-us/resources/travel-insurance