



EXPRESS REGISTRATION FORM

BOOKING REFERENCE: SOUTHERN ITALY AND SICILY, APRIL 21-MAY 1, 2027

GROUP CONTACTS: 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 November 1, 2026.

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: \$300

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