



EXPRESS REGISTRATION FORM

BOOKING REFERENCE: B784019 Spanish Wonder, April 19-28, 2024
EMAIL COMPLETED FORM TO: john.sellers@bankatcnb.com

NAME PER PASSPORT GENDER: F M ADDITIONAL QUESTIONS? _____

FIRST: _____

MIDDLE: _____ AON AFFINITY TRAVEL INSURANCE: YES NO

LAST: _____ Travel Protection Plan \$ 319 _____

CELL PHONE#: _____

DOB: _____

EMAIL: _____

ROOMING: TWIN SINGLE

MY ROOMMATE IS: _____

SPECIAL REQUESTS (we will do our best to accommodate but special requests cannot be guaranteed):

For insurance specific detail coverage, please reference the following web address: <https://www.trafalgar.com/en-us/about-us/travel-insurance> _____

Detailed inquires should be directed to an Aon Affinity plan administrator at 1-800-453-4027 from Mon-Fri 5am-7pm (PST) and Sat 6am-2pm (PST).

Deposit: \$300 per person
Balance Due: February 1, 2024

