



Oughten House Foundation, Inc.

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## Registration Form

### Vacation-Wellness Retreat in Croatia

### Theme: "The Beautiful World of Intimacy"

Please return this completed form with your deposit and print clearly and legibly all information requested.

Trip: "The Beautiful World of Intimacy" Trip Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ M F

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Province \_\_\_\_\_ Country \_\_\_\_\_

Phone: \_\_\_\_\_ Cell \_\_\_\_\_ Fax: \_\_\_\_\_

Passport Number \_\_\_\_\_ Date of Expiration \_\_\_\_\_ U.S Citizen \_\_Yes \_\_No

#### Credit Card Information

M/C - VISA \_\_\_\_\_ Expire Date \_\_\_\_\_ CSV 3-digit # \_\_\_\_\_  
Discover - AMEX \_\_\_\_\_

For additional security, copy the last 3-digit *signature verification code* from the back side of your credit card in the signature box. Must sign below and have correct credit card billing address.

**Emergency Contact** (name / phone/ E-mail) \_\_\_\_\_

#### Sharing and Networking

Okay to give my fellow travelers my e-mail prior/after my trip? \_\_Yes \_\_No

Referred by-please name: \_\_\_\_\_ Discovered on our web \_\_Yes \_\_No

#### Accommodations:

Land Only Package (airport transfers not included) • Double Occupancy Room • Smoker \_\_Yes \_\_No

#### To ensure an enjoyable and safe trip, please read the following and sign.

By signing below you agree to the following important considerations for travel on all Oughten House Foundation, Inc. Trips:

- 1) I am aware that cancellation penalties apply on all trips and besides the tour affiliates penalties OHi Company will charge my credit card for \$50 as a cancellation service charge.
- 2) I am aware that my reservation is subject to cancellation if deposits and/or final payments are not in OHi Office by due dates.
- 3) Travel Protection/Trip Cancellation Insurance is recommended and has been offered.
- 4) I have read the Terms and Conditions and trip Details information.
- 5) I am aware that there are no refunds of any unused portion of a tour.
- 6) Any changes in the tour itinerary that incur additional charges will be the sole responsibility of the passenger.

I am aware that there are inherent risk whenever traveling, whether domestically or internationally, especially to third world countries. By signing I assume these risks.

\_\_\_ I am responsible for giving the trip reservationist my correct passport name and #

\_\_\_ I am responsible for having a current passport if needed

\_\_\_ I am responsible getting any needed visas and immunizations necessary for travel

\_\_\_ I have considered the purchase of travel insurance coverage in case I have to cancel my trip and/or have any medical emergencies while traveling.

\_\_\_ I agree to and have no questions concerning the above considerations for travel.

Your Signature \_\_\_\_\_ Date: \_\_\_\_\_