

CONVO 2011 RESORT REGISTRATION

KRYSTAL HOTEL & RESORT * PUERTO VALLARTA

APRIL 4 – 9, 2011

Please individually fill out the Resort Registration, which includes the Terms & Conditions and Liability Form, Trip Insurance Information (including policy features), and the Travel Insurance Notification Form.

Thank you for printing clearly!

Mail, fax, or e-mail this resort registration to Rautenstrauss Travel, Inc.; 11834 West 76th Lane; Arvada, CO 80005 (Fax to 303-233-3458. E-mail to RautenstraussTravel@comcast.com) (It is advisable to retain a copy of this registration for your records.)

(UPDATED 2/20/11)

CLIENT INFORMATION

Note: Unless you are supplying new data since April 2010, existing Rautenstrauss Travel clients do not have to provide Client Information beyond Name. This includes all Convo 2010 participants who sailed on the Emerald Princess.

Legal Name _____
Last _____ First _____
Preferred (Nickname) _____
Title (Mr., Miss, Mrs., Dr., Rev., RScP) _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Business Phone _____
Cell Phone _____ Fax _____
E-Mail _____ Alt E-Mail _____
Web-site _____

EMERGENCY CONTACT INFORMATION

Note: Existing Rautenstrauss Travel clients do not have to provide Emergency Contact Information, unless it has changed since April 2010.

Contact Name _____
Last _____ First _____
Relationship _____ E-Mail _____
Emergency Contact Address _____
City _____ State _____ Zip _____
Emergency Contact's Home Phone _____
Business Phone _____ Cell Phone _____

PASSPORT/BIRTHDATE/CITIZENSHIP INFORMATION

Note: Existing Rautenstrauss Travel clients do not have to provide Emergency Contact Information, unless it has changed since April 2010.

Passport Number _____

“Authority” (e.g. U.S. Dept. of State; Nat’l Passport Center) _____

Issue Date (in this order please, e.g. 4/16/58) _____ Expiration Date _____

Date of Birth (in this order please, e.g. 12/05/49) _____

U.S. Citizen (Check One) Yes ___ No ___ If no, what country of birth _____

CONVO 2011 INFORMATION – Please fill out completely

My roommate for Convo 2011 is _____

(Or)

_____ Please assign me a roommate

_____ I prefer a single occupancy room, if available

_____ Please reserve a room for me during the **conference dates only** of Monday, April 4 – Saturday, April 9, 2011.

_____ Knowing that special “all inclusive” room rates (with meals/drinks) are extended three days before and three days after the conference (upon availability), I would like to arrive on _____, departing on _____.

I am interested in an _____ *Aqueduct Section Standard Room (requesting garden level, open patio)*

_____ \$575 per person, based on dbl; _____ \$845 single

_____ *Aqueduct Section Standard Room (requesting upper floor with balcony)*

_____ \$575 per person, based on dbl; _____ \$845 single

_____ *Grand Tower Ocean view Room*

_____ \$675 per person, based on dbl: _____ \$1045 single

If possible, I would like my room configured for _____ One King Bed _____ Two Double Beds

I prefer a _____ non-smoking _____ smoking section room.

Note: Room types and roommate shares are based on availability.

I have enclosed my Check # _____ in the amount of \$ _____, payable to Rautenstrauss Travel, Inc. for the full payment. (Or)

_____ I am making a credit payment via PayPal at www.rautenstraustravel.com

(Click on UCORS 2011 CONVOCATION tab on left; scroll down to bottom of UCORS page to make a secure payment. NOTE: For credit card payments, please add 3.6% which is the PayPal merchant fee, in order to net Rautenstrauss Travel, Inc. the resort registration amount).

Special Occasions: _____ Special Needs: _____

For the final banquet, I prefer _____ vegetarian entrée; **do not** prefer _____ vegetarian entree

Other requests/information: _____

CONVO 2011

TERMS & CONDITIONS AND LIABILITY FORM

Please sign, date, and return this Terms & Conditions and Liability Form

CANCELLATION POLICY

We hope nothing will come between you and attending *Convo 2011* at the *Krystal Hotel and Resort* in Puerto Vallarta, but should you need to cancel, your cancellation must be received in writing to Rautenstrauss Travel, Inc. It will be effective on the day of receipt and is subject to the following cancellation charges as levied by the resort:

Now until Nov. 01, 2010 Monies received are refundable less *PayPal* credit card processing fees
Nov. 02 – Nov. 30, 2010 \$125 USD non-refundable, plus *PayPal* credit card processing fees
Dec. 01 -- Jan. 03, 2011 \$250 USD non-refundable, plus *PayPal* credit card processing fees
Jan. 04 -- Feb. 03, 2011 \$375 USD non-refundable, plus *PayPal* credit card processing fees
Feb. 04 – Mar. 03, 2011 \$500 USD non-refundable, plus *PayPal* credit card processing fees
Mar. 04 – Apr. 04, 2011. ALL MONEY IS FULLY NON-REFUNDABLE

Due to the group contract and money being forwarded to Mexico, please allow until Feb. 15, 2011 to receive your refund if you should cancel. Rautenstrauss Travel, Inc. will assess a \$50 per person administrative and processing fee for cancellations and insufficient funds checks.

TRAVEL INSURANCE

Rautenstrauss Travel, Inc. strongly recommends purchasing a comprehensive travel insurance policy to cover any unforeseen interruptions to your travel plans before and during your trip, and to offer a worry-free trip when traveling to another country. The policy recommended is entitled *Travel Select* and is offered with *Travelex Insurance Services* through Rautenstrauss Travel, Inc. **NOTE: Passengers are required to return the signed Travel Insurance Notification Form, which acknowledges the participant has been offered trip protection insurance and either accepts or declines this coverage.**

RAUTENSTRAUSS TRAVEL, INC. LIABILITY STATEMENT

Rautenstrauss Travel, Inc. acts as a travel agency for the *Krystal Hotel and Resort* Puerto Vallarta and the travel vendors it represents and assumes no responsibility or liability concerning their actions and the undersigned releases and holds harmless Rautenstrauss Travel, Inc. in connection with the service of any vessel, train, carriage, aircraft, motor coach or other conveyances which may be used, either wholly or in part, in the performance or its duty to the passenger. Rautenstrauss Travel, Inc. will not be responsible for any act, error, or omission, or any injury, loss, accident, delay or irregularity which may be occasioned by reason of any defect in any vehicle or through the neglect or default of any company or person engaged in carrying out the purpose for which tickets or coupons are issued. The published itinerary is the intended plan of implementation. In the event, however, that it becomes necessary or advisable for the comfort or well being of the passengers, or for any reason whatsoever, to alter the itinerary or arrangements, such alterations may be made and Rautenstrauss Travel, Inc. shall be held harmless. If the itinerary or arrangements are altered, any additional expenses shall be borne by the passengers; conversely refund will be made to the passengers if any saving is effected thereby. Contracts or arrangements between the undersigned and airlines are solely between them whereby Rautenstrauss Travel, Inc. does not incur any responsibilities for any travel arrangements made by the undersigned. Rautenstrauss Travel, Inc. assumes no responsibility for lost tickets or coupons. Rautenstrauss Travel, Inc. shall not be responsible for any loss or damage to the applicant because of any act of terrorism or other acts of God, or any action taken by any third party such as an airline because of concerns regarding potential terrorism.

By signing this Rautenstrauss Travel, Inc. Liability Statement and/or remitting payment, the applicant acknowledges that he/she has read all of the informational documents provided, including the above paragraphs on Cancellation Policy; Travel Insurance; and Liability Statement, and agrees to be bound by the terms set forth therein.

Name (please print) _____

Signed _____ **Date** _____

Mail to: Rautenstrauss Travel, Inc., 11834 West 76th Lane; Arvada, CO 80005 (or)

Scan and E-mail to RautenstraussTravel@comcast.net

Phone and Fax: (303) 233-3458 ☎ www.RautenstraussTravel.com

CONVO 2011
COMPREHENSIVE TRAVEL INSURANCE
INFORMATION SHEET

Revised 2/20/11

Please Note: Due to agency bonding, Rautenstrauss Travel, Inc. is required to have every passenger fill out and sign a Travel Insurance Notification Form, which acknowledges the participant has been offered trip protection insurance and either accepts or declines this coverage. This form must be returned by final payment.

DISCLAIMER: Clients should not be traveling against the advice of their doctor. All benefits are determined at the time of claim.

Travel can mean encountering the unexpected, ranging from the inconvenient to a truly serious emergency. **Travelex' "Travel Select" protection plan offers comprehensive benefits to meet the challenges of travel and helps you enjoy a worry-free trip.**

Here is a synopsis of the benefits of this coverage, recommended by Rautenstrauss Travel, Inc. for its passengers *(Please note this is a partial description of benefits. Certain conditions, exclusions and limitations apply as set out in the Certificate of Insurance which is available prior to purchase, by contacting Rautenstrauss Travel, Inc. at 1-303-233-3458. The products are available in all states, but paks and specific benefits may not be available to residents of all states. Underwritten by: Nationwide Mutual Insurance Company and affiliated companies; certain states are Underwritten by: United States Fire Insurance Company):*

**1. Trip Cancellation – 100% of trip costs (\$25,000 limit) and
Trip Interruption – 150% of trip cost (\$37,500 limit)**

Protects travel investments if a trip is cancelled or interrupted. Recover non-refundable prepaid trip costs for the following covered reasons: Sickness, Accidental Injury or Death; Trip Delay of 50% or more; Bankruptcy/Default; Residence/Destination Uninhabitable; Traffic Accident en Route; Employment Termination/Transfer; Felonious Assault; Terrorist Incident; Death/Hospitalization of Destination Host; Weather; Strike; Burglary; Quarantine; Hijacking; Jury Duty; Subpoena; Military Duty for Natural Disaster.

2. Trip Delay/Missed Connection -- \$750

Trip Delay provides reimbursement for unused, prepaid, non-refundable expenses and additional costs such as accommodations, transportation, and meals if a trip is delayed 5 hours or more for a covered reason. Missed Connection includes reimbursement for unused, non-refundable expenses and additional costs such as accommodations, transportation, and meals to re-join a cruise if a flight delay causes your connection to be missed by 3 hours or more for a covered reason.

3. Baggage and Baggage Delay -- \$1,000/\$250

Safeguards personal articles and expenses if bags are lost, stolen, damaged, or delayed for 12 hours or more.

4. Emergency Accident and Sickness Medical Expenses -- \$50,000

Provides coverage for emergency medical treatment if a sickness or injury occurs while traveling.

5. Emergency Medical Evacuation/Repatriation -- \$500,000

Provides coverage for emergency evacuation, if necessary, to the nearest qualified medical facility, also includes repatriation.

6. 24 Hour AD&D -- \$25,000

Provides coverage for loss of life, limbs or sight from an accidental injury while traveling.

7. Travel Assistance and Concierge – Included

Includes a wide range of services before and during trips through a 24/7 toll free number. Includes assistance with medical emergencies, lost documents or baggage, event ticketing, business services, and much more.

THE COST FOR THIS COMPREHENSIVE COVERAGE DEPENDS ON HOW MUCH TRIP CANCELLATION COVERAGE IS INSURED AND THE AGE OF THE TRAVELER WHEN THE PREMIUM IS RECEIVED. TRAVEL INSURANCE IS NON-REFUNDABLE.

For instance, a 50-year-old traveler insuring \$5,000 would pay a \$211 premium plus the \$8 processing fee. A 60-year old would pay \$364 for this same coverage, plus the processing fee. Please see plan fees below to calculate the cost for your policy, dependent on your age at the time of purchasing coverage and the amount of trip cancellation coverage that you are insuring.

Trip Cost (use full cost per person)	Base Plan Rates Per Person				
	Ages 0-34	Ages 35-59	Ages 60-69	Ages 70-79	Ages 80+
\$0 excludes trip cancellation*	\$22	\$31	\$45	\$56	\$93
\$1 - \$500	\$27	\$38	\$53	\$64	\$110
\$501 - \$1,000	\$45	\$56	\$74	\$108	\$165
\$1,001 - \$1,500	\$58	\$75	\$101	\$149	\$232
\$1,501 - \$2,000	\$78	\$98	\$137	\$200	\$297
\$2,001 - \$2,500	\$98	\$121	\$169	\$246	\$364
\$2,501 - \$3,000	\$117	\$143	\$201	\$294	\$430
\$3,001 - \$3,500	\$136	\$157	\$233	\$338	\$500
\$3,501 - \$4,000	\$155	\$169	\$266	\$390	\$590
\$4,001 - \$4,500	\$172	\$189	\$323	\$438	\$656
\$4,501 - \$5,000	\$193	\$211	\$364	\$485	\$741
\$5,001 - \$5,500	\$222	\$248	\$407	\$563	\$866
\$5,501 - \$6,000	\$242	\$282	\$435	\$603	\$1,001
\$6,001 - \$6,500	\$272	\$301	\$478	\$668	\$1,169
\$6,501 - \$7,000	\$292	\$337	\$511	\$710	\$1,481
\$7,001 - \$8,000	\$327	\$372	\$602	\$842	\$1,732
\$8,001 - \$9,000	\$372	\$407	\$668	\$943	\$1,938
\$9,001 - \$10,000	\$412	\$442	\$736	\$1,050	\$2,145

* Receive all other base plan benefits including \$1,000 in trip interruption coverage.

- For rates on trip costs above \$10,000 please call 1-800-228-9792.
- Maximum trip length allowed 180 days. For trips 31-180 days in length add \$8 per day.
- An \$8 processing fee will apply per plan.
- Rates are subject to change.

Purchase this comprehensive travel insurance within 21-days of making the initial deposit, and you are eligible for the waiver of pre-existing condition exclusion.
Contact Rautenstrauss Travel, Inc. at RautenstraussTravel@comcast.net

CONVO 2011

TRAVEL INSURANCE NOTIFICATION FORM

Due to agency bonding, each passenger must individually fill out this form and return to: Rautenstrauss Travel, Inc., 11834 West 76th Lane, Arvada, CO 80005, or scan and e-mail to RautenstraussTravel@comcast.net. Please note that final documents cannot be distributed without this form being sent to the travel agency.

***** Purchase this comprehensive travel insurance within 21-days of making the initial deposit, and you are eligible for the waiver of pre-existing condition exclusion at no additional cost. *****

DISCLAIMER: Clients should not be traveling against the advice of their doctor. All benefits are determined at the time of claim.

TRAVEL SELECT INSURANCE ACCEPTANCE

Name (Please print) _____

I would like to cover my trip investment costs up to \$ _____ for a premium of \$ _____, plus an \$8 enrollment fee, for a total cost of \$ _____.

My date of birth is _____.

_____ I am enclosing a check payable to Rautenstrauss Travel, Inc. for my insurance.

(OR) _____ Please charge the below-listed credit card.

Name as it appears on the card _____

Type _____ Number _____ Exp _____

Signature _____

Date _____

WAIVER TO DECLINE

I acknowledge that I have been advised by Rautenstrauss Travel, Inc. that a Travelex Insurance Services "Travel Select" Travel Protection Plan is available and strongly advised for my upcoming trip. I do not wish to purchase this protection.

Name (Please print) _____

Signature _____

Date _____

Rautenstrauss Travel, Inc. * Phone and Fax: (303) 233-3458

E-Mail: RautenstraussTravel@comcast.net * www.RautenstraussTravel.com