



Booking Form for the Canadian Youth Workers Conference!
Please fax completed form to: 403-282-9233

Last Name _____ First Name _____ Male / Female _____

Phone Number _____ Email _____

Airmiles number (Westjet) _____

Aeroplan number (Air Canada) _____

Requested Carrier _____ Westjet / Air Canada

Departure City _____ Flight Number _____

Departure Date _____

(Travel must be between November 28-December 11, 2009 to qualify for 10% discount)

Return Date _____ Flight Number _____

(Travel must be between November 28-December 11, 2009 to qualify for 10% discount)

Credit Card Number (Visa or Mastercard) _____

Expiry Date _____

CVC / CSV Number (3 Digit number back of card) _____

Name as it appears on the card _____

- If possible and where applicable would you be interested in a “GROUP” transfer to/from Airport to Hotel / Hotel to Airport? YES / NO

Insurance is mandatory if you do not wish to purchase please fill out the Insurance waiver. Details of coverage is attached, please circle one.

Plan A \$47.00 / **Plan B** \$40.00 / **Plan C** depending on cost of ticket will determine the premium.

Date of Birth _____

Address _____

Beneficiary _____ Relationship _____



Travel Insurance Waiver

'All Canadians are strongly advised to arrange for medical insurance (including the provision for emergency evacuation) prior to departure from Canada'- Department of Foreign Affairs, Canada

I, _____ understand that the purchase of a Travel Insurance Policy can help me avoid the loss of important sums of money and acknowledge that by declining travel insurance, any expenses incurred will be my own financial responsibility. I understand and agree that Travel CUTS and their agents will have no financial responsibility to reimburse me.

I have been advised that the following travel insurance is available and understand that by signing below, I decline and waive all travel insurance coverage including:

- Emergency Excess Hospital & Medical (Including Accidental Death & Disablement, Air Flight Accident, and Acts of Terrorism)
- Trip Cancellation & Interruption, including a missed connection
- Baggage, Lost Ticket, Lost Passport
- All of the above

I acknowledge the potential risk and assume any financial responsibility that may result from travelling without insurance coverage.

Reason for Declining travel Insurance: _____

Name: _____
Signature: _____
Date: _____

For Office Use Only
Agent Name: _____
Agent Signature: _____
Date: _____
Client name: _____
CFA # : _____