

WHEN QUILTS SPEAK

International Quilt Study Center & Museum August 10-12, 2017 Lincoln, NE.

Register early – space is limited for this one-of-a-kind event.

PLEASE PRINT, FILL OUT and RETURN ONE FORM PER PERSON

I am so glad that you have decided to join this exciting quilt study weekend at the International Quilt Study Center & Museum in Lincoln, NE.

IMPORTANT INFORMATION

On the following pages you will find a registration form and a decline insurance form. When filling them out please print legibly in ALL CAPITAL LETTERS and include all information requested.

Travel insurance: you may purchase travel insurance from me, or from any reputable carrier, however, it is particularly important that should you decline to purchase the optional insurance from me, you **MUST** include a signed 'Decline Insurance' form or your registration will not be processed.

Space permitting, the final date to register, without exception, is July 15, 2017. Thank you for your understanding.

Hotel arrangements may be made independently at any area hotel. However, we are holding a special block of rooms for this event at the Hyatt Place Suites – Downtown in Lincoln. Transportation to/from the event will be provided to those staying at this hotel.

Price: \$119/night for King or 2 Double Bed Room for up to 4 people, including breakfast.

To reserve your room, you may call the hotel directly at: 1-888-492-8847 and mention the group code, G-QSRB to make your booking. 2016. OR, go to the Hyatt.com website and enter information for Hyatt Place Suites in Lincoln.

- Enter the number of people that will be in your room and the dates of your stay.
- Follow up with your personal and payment information

Please note – availability and pricing cannot be confirmed until your booking is received. We are unable to guarantee hotel spaces for everyone, these will sell on a first come first serve basis, although we are currently holding twin rooms for the maximum count of this group. Hotel space cannot be guaranteed after July 1, 2017

If you would like travel protection, the cost for covering medical/emergency cancellation, loss of baggage and medical issued during travel is \$50 for this event. If you would like insurance, please add it onto the price of the event.

Minimum enrollment of 35 is required.

Please fill out one form for each person.

When returning your forms, please be certain that you have:

- Enclosed a check for the cost of the tour, \$375 (plus \$50 for insurance if applicable)
- International residents must send a bank check or money order in USD.
- Signed all applicable forms where indicated.
- Indicate insurance choice
- You will receive an email receipt of payment and confirmation of your participation in the tour when it arrives. Further information and updates will be available beginning mid-July, 2017

Checks may be made payable to Deb Roberts' Tours

Please mail your form and payment to:

Deb Roberts Tours – IQSCM EVENT
78448 VIA PAVION LA Quinta, CA 92253

Questions? Please email us at worldofquiltstravel@gmail.com

IQSCM QUILT EVENT AUGUST 10-12, 2017

Please mail your payment with a copy of this form to the address given above.

PLEASE PRINT IN CAPITAL LETTERS

Referred by: _____ I am a Previous Traveler with Deb: Yes _____ No _____

Name: _____ Birthday _____

Address: _____ City _____ State _____ Zip _____

Telephone(_____) _____ Email (required) _____

Preferred name on name badge: _____

Emergency Contact: _____ Phone _____

Check all that apply:

____ I am registering for participation in the *When Quilts Speak* event at the International Quilt Study Center & Museum.

____ I have a special dietary need: _____

____ I will be making a hotel reservation at the Hyatt Place Suites in Lincoln

____ I plan to stay elsewhere.

Optional Travel Insurance - \$50 to cover the event fee only, this fee does not cover your hotel stay.

____ Accept Insurance from Deb Roberts' Tours

____ I will purchase my own or I decline Insurance

Payments: Insurance highly recommended. International residents may send a bank check or international money order in US funds only, we cannot accept international personal checks.

____ \$375.00: Payment by Check:

____ \$ 50.00 Optional Insurance

\$ _____ Total enclosed (\$375 without insurance/\$425 with insurance) Check made out to Deb Roberts' Tours.

It is my understanding that I will be responsible for the price of the tour and insurance if above. I further understand that there is a minimum enrollment required for this tour. Should these numbers not be attained by the final enrollment deadline all monies will be refunded.

By submitting this registration form, I acknowledge that I have read and accept the terms and conditions at the website <http://worldofquiltstravel.com>, along with the full itinerary and pricing inclusions. I understand and agree that Deborah Roberts is acting as an independent organizer of this tour, and as such she is not responsible or liable for the willful or negligent acts and/or omissions of a tour company, coach company, the IQSCM, hotels, contractors, or any air carrier, their employees, agents, servants, or representatives including, their failure to deliver or their partial or inadequate delivery of services, bank closure or other economic event preventing access to funds. All coupons, receipts and tickets are issued subject to the terms and conditions specified by the supplier. By participating in this event, I agree that Deborah Roberts (DBA Deb Roberts' Tours) shall not be liable for any accident, illness, injury, property damage or personal loss to me or those travelling with me in connection with any accommodations, transportation or other travel related services, or any occurrence resulting directly or indirectly from any conditions, including, but not limited to, accident, theft, acts of war or terrorism, defects in vehicles, breakdown in equipment, strikes, theft, delay, bank closure, or cancellation of, or changes in itinerary or schedules. I understand this is a custom group tour and that activities are planned to best benefit the entire group. As such my personal needs will be my own responsibility and not that of the tour director or tour organizer. Deborah Roberts reserves the right to cancel any tour for any reason as well as the *right to decline the registration* of any trip participant. At any time, Deborah Roberts reserves the right to cancel the tour of any participant who in sole her opinion, may affect the health, safety, or enjoyment of other participants. I also understand that there may be a lot of walking and a quick pace associated with museum tours and that all participants need to be in good health and physical condition in order to participate. I have checked with my physician about my ability to travel on this tour. If I require any assistance, I will bring someone to assist me, I understand that the tour organizer or tour director are not responsible for personal assistance. I understand cancellation refunds are not available to me after June 10, 2017, no matter the reason. If I have declined insurance coverage, I acknowledge I am aware of any cancellation penalty associated with my trip and by declining suggested travel insurance I am assuming the financial responsibility of the non-refundable penalties should I have to cancel or interrupt my travel. Deborah Roberts is not liable for any part of my penalties or decision.

Signature: _____ Date: _____

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