

**OFDA REGISTRATION FORM**  
**Aruba**  
**February 1 - 6 (7), 2018**

Adult Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Legal name as it appears on your passport (Please provide copy of passport)

Adult Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Legal name as it appears on your passport (Please provide copy of passport)

Funeral Home Name: \_\_\_\_\_

Preferred Address: \_\_\_\_\_  
Street City State Zip Code

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell: : \_\_\_\_\_ Email: \_\_\_\_\_

I/We prefer to fly from: \_\_\_ Cincinnati \_\_\_ Cleveland \_\_\_ Columbus \_\_\_ Dayton \_\_\_ Other: \_\_\_\_\_

I/We wish the following hotel accommodations:

\_\_\_\_\_ Garden View \_\_\_\_\_ Ocean/Pool View \_\_\_\_\_ King \_\_\_\_\_ Queen/Queen

\_\_\_\_\_ 5-Nights (Feb 1-6) \_\_\_\_\_ 6-Nights (Feb 1-7)

Special Needs/Accommodations: \_\_\_\_\_

Name(s) of Person(s) attending seminar: \_\_\_\_\_

**Deposits:** \$500.00 per person plus \$150.00 seminar fee per person plus optional insurance  
\$300.00 per person non-tour participants seminar fee (not signed up for air/land package with World of Travel)

I/We have elected to take Trip Insurance: \_\_\_\_\_ Yes \_\_\_\_\_ No

If you have chosen not to purchase Trip Insurance, please sign the following: I acknowledge that World of Travel has offered me the Optional Insurance and I have declined it.

Signature: \_\_\_\_\_

Insurance Amount Enclosed: \$ \_\_\_\_\_

Deposit Amount Enclosed: \$ \_\_\_\_\_

Seminar Fee Enclosed: \$ \_\_\_\_\_

Total Amount Enclosed: \$ \_\_\_\_\_

Please make your check payable to World of Travel and mail to 5001 Horizons Drive, Suite 100, Columbus, Ohio 43220. If you have questions, please call Pat at (614) 451-4882 ext. 202 or (800) 548-5670 ext. 202 or e-mail [pat@worldoftravel.com](mailto:pat@worldoftravel.com).

If paying by credit card, please complete the following. You may fax this form to 614-451-4411.

Credit Card No. \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**Security Code (CVV#) Last 3 Digits on Back of Card or 4 Digits on front of American Express:** \_\_\_\_\_

Signature: \_\_\_\_\_ Amount: \_\_\_\_\_

**Deposit and Final Payment:** A deposit of \$500.00 per person with the optional insurance plus the CEU seminar registration fee is due at time of booking. Final payment is due on or before November 1, 2017.

**Cancellation:** Cancellations made after initial deposit will be subject to a cancellation handling fee of \$100.00 per person. Cancellations made after November 1st, 2017 are nonrefundable.

**Travel Insurance:** The Travel Insured Group Deluxe travel protection plan is available for your purchase. The schedule of insurance coverage and the other services are listed below. The pre-existing medical condition exclusion will be waived if the protection plan is purchased prior to or with final trip payment, for the full non-refundable trip cost, the booking for the trip is the first and only booking for this travel period and you are not disabled from travel at the time you purchase the travel insurance.

Schedule of insurance coverage and other services

\*Up to the lesser of the Trip Cost paid or the limit of Coverage for which benefits are requested and the appropriate plan cost has been paid. Maximum limit of \$10,000

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|--|---|
| • Trip Cancellation - Trip Cost*         | • Emergency Evacuation & Repatriation       |
| • Trip Interruption** 150% of Trip Cost* | \$250,000                                   |
| • Trip Delay - 6 hours \$750 (\$150/day) | • Accidental Death & Dismemberment \$25,000 |
| • Baggage/Personal Effects \$1,500       | • Worldwide Emergency Assistance Services   |
| • Baggage Delay - 24 hours \$400         | Included                                    |
| • Accident & Sickness Medical Expense    |   |
| \$50,000                                 |   |

\*\*150% of Trip Cost paid up to a maximum of \$10,000 for the unused portion of Your Trip and the transportation cost to re-join the Trip or return home.

Should it become necessary for you to cancel or interrupt your trip due to a covered reason as stated in your Certificate of Insurance a claim will be filed with Travel Insured International.

Note: World of Travel must be contacted for a State specific Certificate of Insurance if you reside in: GA, KS, LA, MN, OR, SD, TX, UT or WA.

NOTE: World of Travel will not make any representations about what conditions or occurrences the Travel Insured policy will cover, *which will be provided to each participant*. It is the traveler's responsibility to review the full *policy (Certificate of Insurance)*. Should you have any questions regarding coverage in the Travel Insured policy, please call TRAVEL INSURED at 800-243-3174 and reference plan GROUP DELUXE PROTECTION PLAN # 49517 for clarification.

**Travel/Health Policy:** It is required that persons needing assistance be accompanied by a companion who is capable and totally responsible for providing that assistance. Neither World of Travel nor its suppliers may assist with medications, wheelchairs, or physically lift persons onto transportation vehicles. Travelers having special needs must notify World of Travel when they make their reservations.

**Liability / Responsibility:** World of Travel / Ohio Funeral Directors Association acts only as an agent for tour members in making arrangements of accommodations, meals, excursions, sightseeing, transportation and other services. WOT / OFDA will not be held liable for any claims for errors or default by the Vendors, Suppliers or Contractors (VSC). WOT / OFDA are not responsible to any person or entity for any damage or injury arising out of the conduct or failure to act of any of the VSC. Any costs involved in delays due to "Acts of God" or weather will be the responsibility of the individual passenger, not the VSC. WOT / OSFD are not responsible for any loss or damages of personal property or for injuries, expenses, or damages whatsoever incurred or claimed by participants including but not limited to losses due to "Acts of God". WOT / OFDA reserves the right to make changes in the itinerary or cancel a tour at its discretion and a refund of money paid will release WOT / OFDA from any further obligation. WOT / OFDA reserves the right to refuse passage to any participant if deemed that the person's health is such that it would create a problem in how the tour is conducted.