

CLASS REGISTRATION FORM
BERMUDA QUILT SEMINAR AT SEA MAY 29-JUNE 5, 2011

Name: _____ Telephone () _____

Mark your 1st, 2nd and 3rd choices for each day. Classes are assigned according to first come so be sure to register early! Only one quilter per form (please photocopy for additional quilters). You have your choice of three full days of classes. If you would like free time any one of the days, please simply leave that day blank.

MON, MAY 30

8:30am to 4:00pm, Lunch break from 11:30am to 1:00pm

_____	Sue Nickels	Stitched Raw Edge Appliqué Mystery Block
_____	Paula Nadelstern	Needlestar
_____	Stevii Graves	Running with English Paper Piecing
_____	Linda Pool	Cutwork Appliqué Butterfly
_____	Darlene Christopherson	Hand Needleturn Appliqué

WED JUNE 1

8:30am to 11:30am CONTINUED

FRI JUNE 3

1:00pm to 4:00pm

_____	Sue Nickels	Mastering Machine Quilting
_____	Paula Nadelstern	Puzzle Quilts-Simple Blocks, Complex Fabrics
_____	Stevii Graves	Fabric Postcards and Artist Trading Cards
_____	Linda Pool	Cutwork Appliqué Fish and Victorian Greeting Cards
_____	Darlene Christopherson	A Day of Applique-6 inch Pin Cushion

SAT, JUNE 4

8:30am to 4:00pm, Lunch break from 11:30am to 1:00pm

_____	Sue Nickels	Whole Cloth Feathers and Stippling
_____	Paula Nadelstern	Simple Symmetry
_____	Stevii Graves	Bermuda Fish School
_____	Linda Pool	Realistic Forms in Fabric
_____	Darlene Christopherson	Cutwork Appliqué Made Possible

If there is one class or teacher you prefer above all others, please list:

CONDITIONS AND RESPONSIBILITIES:

* Subject to change and availability. AAA Washington/Inland Travel is acting as an agent for suppliers of air and ground transportation, hotel accommodations, cruises, etc. AAA Washington/Inland Travel attempts to represent only those suppliers of travel that have shown an acceptable level of stability, dependability and responsiveness to problems and complaints. Nevertheless, AAA Washington/Inland Travel does not control the actions or failure to act of the suppliers it represents. Therefore, AAA Washington/Inland Travel shall not be responsible for any breach of contract, failure to comply with any laws such as the Americans with Disabilities Act (ADA), or any intentional or negligent actions or omissions on the part of such suppliers, which result in any loss, damage, delay, inconvenience or injury to travelers or travelers' companions or group members, including any losses resulting from any changes in suppliers' rates, unless marked on your invoice, tickets, or reservation itinerary as "Guaranteed," or any losses in connection with booking, reservation, connection, or scheduling problems or in connection with the handling or loss of baggage or other personal effects. AAA Travel shall not be responsible for any injuries, damages, or losses caused to any traveler in connection with terrorist activities, social or labor unrest, mechanical or construction failures or deficiencies, diseases, local laws, climatic conditions, abnormal conditions or developments, or any other actions, omissions, or conditions outside AAA Travel's control. By embarking upon his/her travel, the traveler voluntarily assumes all risks involved in such travel, whether expected or unexpected. Traveler is hereby warned of the above risks as well as possible travel industry bankruptcies, climatic disruptions, natural disaster, civil unrest, terrorist activities, and the possibility traveler may be unable to travel as scheduled because of personal emergency or medical problems, etc. Traveler is advised to obtain appropriate insurance coverage against these risks. Information is available through AAA Travel regarding travel insurance.

TripAssist Deluxe Enrollment Form



Mail to:
Amy Teachman
Group Seminars at Sea
1745 114th Ave SE
Bellevue, WA 98004

Fax orders to: Customer Service, Travel Protection Products
425-460-9906

For fax back confirmation, enter your fax number _____

OR for email confirmation, enter your email address _____

Enrollment Form Directions

Directions: Completely fill out this enrollment form. Be sure to include the names and birthdates of all insureds in the Additional Insureds Information section below or attach an additional page, if necessary. Incomplete forms may be rejected. You may also order by phone 24-hours a day at 1-866-573-6351. If you are leaving within 2 weeks you must order by phone, fax or online. Please note your trip insurance cannot be purchased on or after your trip departure date.

Purchaser Information

Full Name _____

Date of birth ____ / ____ / ____

Address _____

City _____ State _____ Zip _____

Daytime Telephone _____

Departure Date ____ / ____ / ____ Return Date ____ / ____ / ____

Destination _____

When did you make the deposit on your trip? ____ / ____ / ____

Tour/Cruise Company _____

Airline _____

Additional Insureds Information

Insured #2 Full Name _____

Date of birth ____ / ____ / ____

Insured #3 Full Name _____

Date of birth ____ / ____ / ____

Insured #4 Full Name _____

Date of birth ____ / ____ / ____

Insurance coverage is underwritten by BCS Insurance Company, rated "A-" (Excellent) by A.M. Best Co., under BCS Form No. 52.201 or 52.401, or Jefferson Insurance Company, rated "A" (Excellent) by A.M. Best Co., under Jefferson Form No. 101-C-XX-01 or 101-P-XX-01, depending on the insured's state. Access America is a brand of World Access Service Corp., a company of Mondial Assistance. World Access Service Corp. is the producer and administrator of this plan and an affiliate of Jefferson Insurance Company. The insured shall not receive any special benefit or advantage because of the affiliation between World Access Service Corp. and Jefferson Insurance Company.

ACCAM

COUNSELOR CODE (opt.)

C163100

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TR00246_1108

Coverage and Price Information

- A. If individuals within your family have different trip costs, please use the average trip cost to determine the coverage level per person.

$$\frac{\$ \text{Total trip cost}}{\text{\# of insureds}} = \$ \text{Coverage level per person}$$

- B. Locate the price from the brochure or website based on age and, if applicable, the coverage level per person from section A above.

Purchaser	+	\$ _____	Rate
Insured #2	+	\$ _____	Rate
Insured #3	+	\$ _____	Rate
Insured #4	+	\$ _____	Rate

- C. For trips over 30 days ONLY.

Count your departure and return days as travel days.

$$\frac{\$4.00}{\text{Daily rate}} \times \text{\# of days over 30} \times \frac{\text{\# of people on policy}}{\text{Rate}} = \$ \text{Rate}$$

- D. Add non-refundable processing fee \$ 6.00

- E. Calculate your total payment (B+C+D) \$ _____

- F. Choose your payment method (check one)

Check or Money Order (Enclose and make payable to Access America)

American Express MasterCard VISA

Discover Card Diners Club Exp. Date ____ / ____

Card Number _____

Print Name _____

(as it appears on card)

By signing below I acknowledge that certain benefits may not be payable due to Existing Medical Conditions or foreseeability of loss at time of purchase. (Refer to www.accessamerica.com/aaa for details.)

NY residents only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Signature of Enrollee _____

Date _____