

REGISTRATION FOR NORWEGIAN FJORDS & SCOTLAND

JUNE 21 - 29, 2010

QUILT SEMINAR AT SEA

Complete the following information. Your reservation cannot be confirmed until this form is received. Cabins and classes are reserved on a first come basis.

Please list your first and last name as it appears on your passport. PASSPORTS ARE MANDATORY!!

Legal First Name _____ Legal Last Name _____ First name for Nametag _____

Phone() _____ Bus Phone () _____ Fax () _____ Cel () _____

Address _____ City _____ State _____ Zip _____

If PO Box, Street Address _____ email: _____

YOUR CABINMATE:

Legal First Name _____ Legal Last Name _____ First name for Nametag _____

Phone() _____ Bus Phone () _____ Fax () _____ Cel () _____

Address _____ City _____ State _____ Zip _____

If PO Box, Street Address _____ email: _____

TRAVEL PREFERENCES:

Cabin Category: 1st Choice _____ 2nd Choice _____ Deck Preference _____ Holland America Mariner # _____

Twin or double bed? _____ Other special needs onboard? _____ Is your cabinmate a quilter? _____

Do you want cruise only? _____ or with air from your home city? _____ What Airport? _____

Do you have special dietary requirements? (please specify) _____ Are you physically challenged? _____

While on the cruise, will you celebrate a birthday? _____ or an anniversary? _____ Give the date _____

IF YOU ARE TRAVELING ALONE:

Would you like us to find a compatible cabinmate? Yes _____ No _____

IF YES, to help us match you with a cabinmate, are you an early riser? _____ Do you like to stay up late? _____

Are you a smoker? _____ Your age range (optional): 20-35 _____, 35-50 _____, 50-60 _____, 60 Plus _____

PAYMENT:

This reservation is for _____ passengers. **DEPOSIT IS \$600 PER PERSON.**

(\$100 PER PERSON NONREFUNDABLE)

_____ Check: Enclosed is my check for \$ _____ PAYABLE TO AAA TRAVEL

_____ Credit card: (Visa, Mastercard, American Express, Discover) Please charge \$ _____

Credit card number: _____ Expiration Date _____

Name on the card: (PLEASE PRINT) _____

AAA Travel has my permission to charge my cruise and any other charges I authorize to my credit card.

(SIGNATURE AS IT APPEARS ON THE CARD) _____

INSURANCE: Your registration form cannot be processed unless the following section has been completed AND SIGNED. Please

EITHER indicate that you are purchasing the insurance, or SIGN that you are declining

_____ I am purchasing trip cancellation/travel accident insurance from Access America. I am completing the enclosed form and enclosing it in with my registration.

_____ I have been offered insurance to protect my travel investment and I am declining the purchase of this insurance. I, the undersigned, and my traveling companions listed below, whom I represent and have the authority to sign on behalf of, will not hold AAA Travel or its agents responsible for any losses or expenses incurred by me resulting from cancellation of my trip, accident, sickness, stolen or damaged baggage, any default of the cruise line, or resulting from any other travel supplier-related problem.

Signed _____ Other travelers for whom I am signing:

Printed Name _____

4. MAIL THIS COMPLETED FORM WITH PAYMENT TO:

(Questions? Call Amy Teachman toll free 1.866.573.6351)

(If faxing in your registration forms: 1.425.460.9906)

Email: ATeachman@GroupSeminarsAtSea.com

Amy Teachman

Quilt Seminars at Sea

1745 114th Ave SE

Bellevue, WA 98004

CLASS REGISTRATION FORM
NORWEGIAN/SCOTLAND QUILT SEMINAR AT SEA
JUNE 21 – 29, 2010

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. **Wednesday morning classes will be continued on Friday morning.** If you would like free time any one of the days, please simply leave that day blank.

Tuesday, June 22 8:30am to 4:00pm, Lunch Break from 11:30am to 1:00pm

_____ Elly Sienkiewicz	Family History Block
_____ Paula Nadelstern	Simple Symmetry
_____ Cindy Walter	Fabric Painting Scottish Style
_____ Sharon Pederson	Color for the Terrified Quilter
_____ Christine Porter	Midsummer Garden

Thursday, June 24 1:00pm to 4:00am, continued

Saturday, June 26 8:30am to 11:30am

_____ Elly Sienkiewicz	The Star Ruched Rose
_____ Paula Nadelstern	Puzzle Quilt
_____ Cindy Walter	Norwegian or Scottish Landscape
_____ Sharon Pederson	Solar Flare
_____ Christine Porter	Sunbonnet Sue Goes Nordic!

Monday, June 28 8:30am to 4:00pm, Lunch Break from 11:30am to 1:00pm

_____ Elly Sienkiewicz	The Goode Shippe Zion
_____ Paula Nadelstern	Needlestars
_____ Cindy Walter	Scottish Mystery Quilt
_____ Sharon Pederson	Rose of Sharon with Sharon Pederson
_____ Christine Porter	Venetian Floor tiles in Miniature

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

Insurance and assistance

for the discriminating traveler.



If you require the best of everything when you travel – first-class tickets, exotic destinations and white-glove personal service – then TripAssist Deluxe is for you. With the highest coverage levels, concierge service to assist with pre-trip planning, and our BizPack coverage for if you have to cancel your trip for business-related reasons, TripAssist Deluxe is the best way to protect your travel investment and enjoy your trip.

TRIPASSIST DELUXE ADVANTAGES:

- An Access America ID card for quick access to emergency assistance.
- Concierge service and 24-hour hotline assistance.
- Access to www.yourdeluxetrip.com — an international destinations website with a wealth of “insider” travel information, including details on local etiquette and customs, currency converters, and information on hospitals and other necessities.
- Primary Emergency Medical/Dental and Collision Loss/Damage coverage.
- Coverage for existing medical conditions.
- Coverage if you are required to work or have another covered business-related issue.
- Higher coverage limits for Trip Cancellation/Interruption.
- Luggage Locator lost baggage assistance.

Benefits [†]	Coverage Limit
Trip Cancellation	Up To Amount Purchased ①
Trip Interruption	Up To 150% of Amount Purchased ②
BizPack Expanded Coverage	Included
Emergency Medical/Dental Coverage	primary \$50,000
Emergency Medical Transportation	\$1,000,000
Travel Accident	\$50,000
Baggage Loss/Damage	\$1,500
Baggage Delay	\$500
Electronic & Sports Equipment Loss/Damage	\$1,000
Electronic & Sports Equipment Rental	\$100
Travel Delay	\$1,000
Missed Connection	\$500
Collision Loss/Damage	primary \$50,000
Luggage Locator	Included
24-Hour Hotline Assistance	Included
Concierge Service	Included
www.yourdeluxetrip.com	Included

[†] Benefits are per person. All insureds must purchase the same plan.

① Maximum coverage available is \$100,000.

② Maximum coverage available is \$150,000.

TripAssist Deluxe Pricing


Trip Cost Per Person (\$)	up to age 17	age 18-40	age 41-60	age 61-70	age 71-79	age 80+
1-500	\$36	\$46	\$49	\$54	\$72	\$175
501-1,000	\$60	\$67	\$78	\$90	\$134	\$268
1,001-1,500	\$77	\$97	\$107	\$118	\$180	\$328
1,501-2,000	\$103	\$123	\$162	\$171	\$244	\$431
2,001-2,500	\$123	\$152	\$174	\$193	\$312	\$481
2,501-3,000	\$141	\$177	\$207	\$240	\$366	\$614
3,001-3,500	\$152	\$202	\$238	\$298	\$409	\$736
3,501-4,000	\$184	\$227	\$266	\$304	\$470	\$772
4,001-4,500	\$198	\$245	\$304	\$342	\$531	\$820
4,501-5,000	\$215	\$271	\$343	\$374	\$594	\$849


Please call for pricing on trips from 5,001-\$50,000. For trips over 30 days, additional daily rate of \$4.00 applies, regardless of age. A non-refundable \$6 processing fee will be charged on all TripAssist Deluxe policies. *Prices subject to change.*





This is a brief description of the insurance and assistance benefits provided by this plan. Exclusions, conditions and limitations may apply. A complete description of coverage can be found in the Certificate of Insurance/Policy.


Trip Cost Protection

Trip Cancellation.  Reimburses your prepaid, non-refundable expenses if you must cancel your trip due to a covered reason. Maximum coverage: \$100,000.


Trip Interruption.  Reimburses the unused, non-refundable portion of your trip as well as increased transportation costs for you to return home due to a covered reason. Maximum coverage: \$150,000.

Missed Connection.  Covers expenses resulting from a covered delay that causes you to miss your scheduled flight or cruise.


Travel Delay.  Get up to \$300 per day per person to cover additional accommodation and travel expenses or prepaid expenses due to a departure delay of six or more hours.

BizPack Included.  Trip cancellation and interruption benefits for business-related reasons: being required to work, business/company merger or business unsuitable.

Medical Protection

Emergency Medical and Dental.  This primary coverage provides benefits for losses due to medical and dental emergencies that occur during your trip.


Emergency Medical Transportation. Provides medically necessary transportation to the nearest appropriate facility. Also covers the cost of your transportation back home.

Travel Accident.  Coverage for loss of life, limb or eyesight within 365 days of a covered accident.


Baggage Protection

Baggage Loss/Damage.  Covers loss, damage or theft of baggage and personal effects.

Electronics/Sporting Goods.  Covers loss, damage or theft of personal electronics and sporting equipment.

Baggage Delay.  Covers the reasonable additional purchase of essential items if your baggage is delayed or misdirected by a common carrier for 24 hours or more. Receipts for emergency purchases are required.

Rental Car Protection

Collision Loss/Damage.  Primary collision/loss damage coverage for physical damage to a rental car. Not available to Texas residents.

Assistance Services

24-Hour Hotline Help. Multilingual problem solvers are available to help you solve a medical, legal or travel-related emergency.

Concierge. Nothing says “deluxe” like having your own concierge. Select a restaurant and reserve the best table, locate hard-to-find event tickets and more.

International Destinations Website. “Insider” travel information, from local etiquette and customs to currency converters, attractions, information on hospitals and other necessities at www.yourdeluxetrip.com.

Special Features of TripAssist Deluxe

Included BizPack Coverage: Business-Related Cancellation and Interruption is now included! With TripAssist Deluxe, if you have to cancel or interrupt your leisure trip due to business reasons, you are covered for your loss, without purchasing this feature as an add-on. Covered reasons are: required to work, business/company merger, and business unsuitable due to fire, natural disaster or burglary.

Existing Medical Conditions Exclusion & Coverage

Your plan may provide Existing Medical Conditions Coverage if you, a traveling companion or family member has an Existing Medical Condition. An Existing Medical Condition is an illness or injury that exhibited symptoms or was treated for any time 120 days prior to purchasing your plan. Coverage for an Existing Medical Condition is excluded unless: 1.) You purchased your plan within 14 days of making your first trip payment or first trip deposit; 2.) You purchased trip cancellation coverage that covers the full cost of all your non-refundable trip arrangements; 3.) You were a U.S. resident and medically able to travel on the day you purchased the plan; and 4.) The total cost of your trip is \$50,000 per person or less. All other contract terms and conditions apply.

Supplier Default Coverage. Make sure you aren't left holding the bill when a supplier goes into financial default. Supplier Default Coverage is provided when: 1.) You purchase your insurance within 14 days of initial trip payment or deposit; 2.) Financial default occurs more than seven days after the policy's effective date; and 3.) You use a travel supplier (other than the organization from which you purchased this insurance or their affiliate companies) currently listed as a covered supplier. This list of covered suppliers can be found at www.accessamerica.com/aaa.

PLEASE BE ADVISED: This optional coverage may duplicate coverage already provided by your personal auto insurance policy, homeowner's insurance policy, personal liability insurance policy or other source of coverage. This insurance is not required in connection with the Insured's purchase of travel tickets.

California Residents: This plan contains disability insurance benefits or health insurance benefits, or both, that only apply during the covered trip. You may have coverage from other sources that already provides you with these benefits. You should review your existing policies. If you have any questions about your current coverage, call your insurer or health plan. We are doing business in California as WASC Insurance Agency. CA License # is 0B01400.

Florida Residents: The benefits of the Policy providing your coverage are governed primarily by the law of a state other than Florida.

Plan may not be available in all jurisdictions.

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. World Access Service Corp., a company of Mondial Assistance, 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.

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 _____