

## TOUR REGISTRATION FORM FOR LUTHER HERITAGE SITES, MAY 2016

Please complete the following registration and mail with your deposit to Tempo Travel Service at the address shown.  
Please indicate any additional preferences or information that will help us make your trip more enjoyable. (For example: needing wheelchair assistance for long distances in airports, seat preferences for the flights, special dietary needs, etc.)

A VALID PASSPORT IS REQUIRED TO TRAVEL. IT MUST BE VALID FOR 7 MONTHS BEYOND YOUR RETURN DATE. IF YOU DO NOT HAVE A PASSPORT OR NEED TO RENEW A PASSPORT PLEASE GO TO [WWW.TRAVEL.STATE.GOV](http://WWW.TRAVEL.STATE.GOV) TO FIND THE REQUIREMENTS,

### PLEASE LIST YOUR NAME AS IT APPEARS ON YOUR PASSPORT INCLUDING ANY MIDDLE NAME OR INITIAL.

LAST NAME \_\_\_\_\_ MIDDLE \_\_\_\_\_ FIRST NAME \_\_\_\_\_

Date of Birth \_\_\_\_\_ Passport Number \_\_\_\_\_ Passport Issued \_\_\_\_\_ Passport Expires \_\_\_\_\_

LAST NAME \_\_\_\_\_ MIDDLE \_\_\_\_\_ FIRST NAME \_\_\_\_\_

Date of Birth \_\_\_\_\_ Passport Number \_\_\_\_\_ Passport Issued \_\_\_\_\_ Passport Expires \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

NAME OF A PERSON NOT ON THIS FORM, YOU WOULD LIKE TO ROOM WITH \_\_\_\_\_.

Please let us know the best way to contact you.

Phone(s) \_\_\_\_\_

Email(s) \_\_\_\_\_

Special requests \_\_\_\_\_

\_\_\_\_\_ I am interested in travel insurance \_\_\_\_\_ I am NOT interested in travel insurance

### Responsibility

Tempo Travel Service, Inc. acts only as agent for securing air transportation, lodging, and sightseeing, as outlined in the tour itinerary. Tempo Travel Service and Concordia University do not maintain any control over personnel, equipment, or operations of the services provided in this tour, including air transportation, ground transportation, accommodations, dining, cruise or sightseeing/attractions. Tempo Travel Service, Inc and Concordia University do not assume any responsibility, for any injury, damage, loss, relating to any of the following: any act or omission on the part of any of the suppliers or airline of services in this tour; any delay or cancellation of air flights; any defect or breakdown of any vehicle, equipment, product or service which is owned/operated by a supplier of the ground transportation, cruise line or airline; issues relating to weather conditions; any condition or event not under our direct control. Baggage and other personal effects are the sole responsibility of the traveler. Participants' retention of tour membership constitutes consent to the foregoing provisions.

Air transportation schedules will be available by the time of your September 1, 2015 payment due date.

By signing below I acknowledge the Responsibility clause above, I agree to the condition listed above, and that I have been offered the option to purchase travel insurance.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PLEASE MAIL TO: **TEMPO TRAVEL SERVICE**  
**ATTN: Mike**  
**2835 N. Mayfair Rd. Suite 25**  
**Wauwatosa WI 53222**

Contact us by phone : **414-774-1080**