



EXPRESS REGISTRATION FORM

BOOKING REFERENCE: B975746- TREASURES OF FRANCE INCLUDING NORMANDY-ARPIL 23-MAY 2, 2025

GROUP CONTACTS: JOHNSELLERS/ CNB DESTINATIONS CLUB/ 903-885-7523/JOHN.SELLERS@BANKATCNB.COM

NAME PER PASSPORT

GENDER: F _____ M _____

Please note: Your passport must have an expiration date after October 23, 2025.

FIRST NAME: _____ MIDDLE NAME: _____ LAST NAME: _____

ADDRESS: _____ CITY, STATE, ZIP: _____

CELL #: _____

DOB: _____

EMAIL: _____

ROOMING: SINGLE _____ DOUBLE _____ TRIPLE _____ (SINGLE AND TRIPLES ARE LIMITED)

MY ROOMATE IS: _____

SPECIAL REQUEST – WE DO OUR BEST TO ACCOMMODATE, BUT SPECIAL REQUESTS ARE NOT GUARANTEED:

LAND DEPOSIT DUE: \$300

AON AFFINITY TRAVEL INSURANCE: _____ YES _____ NO

*TRAVEL PROTECTION PLAN: \$499

TOTAL (DEPOSIT PLUS TRAVEL PROTECTION PLAN): _____

AON AFFINITY ADMINISTRATOR: 800-453-4027

* FOR DETAILS OF TRAVEL PROTECTION PLAN COVERAGE VISIT: www.trafalgar.com/en-us/resources/travel-insurance