

IMPORTANT – PLEASE READ

Conditions

A deposit of \$350.00 per person (\$489.00 if purchasing insurance), is due along with the completed application to confirm place. **Final payment is due March 7, 2008.**

Cancellation Penalties

Up to January 17, 2008: there is a \$50.00 per person penalty.
Between January 18 and March 7, 2008: \$350.00 per person.
Between March 8 and April 11, 2008: \$1000.00 per person.
Between April 12 and April 18, 2008: \$1755.00 per person
No refunds for cancellations after April 18, 2008.

Insurance

Cancellation insurance is available for \$139.00 per person and must be purchased at time of deposit. The insurance will entitle you to a full refund if you have to cancel for a cover reason. Once purchased, the premium is non-refundable.

Responsibilities

Long’s Travel Service, Inc., CIE Tours and Mike Byrne act as agents only and cannot be responsible for any losses, delays, property damage, personal injury or other loss you may suffer or incur on any component of this tour.

Please fill out the application below and mail, along with your deposit., to Long’s Travel at the address listed above.

Dear Eamonn,

Enclosed is a deposit of \$489.00 per person (\$350.00 without insurance) for ___person for the Mike Byrne 2008 Ireland trip. **Make checks payable to Long’s Travel** or complete the credit card information below.

PLEASE PRINT

Name(s): _____
(as they appear on your passport)

Address: _____
_____ Zip _____

Home phone: _____

Cell phone: _____

Email: _____

Rooming with if not shown above: _____

Room Type: Single Twin/Double

I/we would like to purchase insurance at \$139.00 each.

List names of others you are traveling with : _____

Please complete for payment: (airline ticket will be charged to this card unless you notify Long’s Travel)

Credit Card # _____ Exp. date: ___/___

Credit Card Authorization # _____ I authorize the deposit and airfare to be charged to my credit card.

X _____
Signature of cardholder

A valid passport good for six months from date of return (November 2, 2008) is required for this trip.

Continental One Pass #:

Name _____

Number _____

Name _____

Number _____

Airline Seat Request:

Please note that these requests can not be guaranteed.
