

AHP Tour Registration Form



Please complete the entire form. **Type or print all information.**

YOUR INFORMATION:

Clearly print your full name (first/middle/last) as it appears on your government-issued Passport to avoid any unnecessary change fees. All names must be entered correctly from the start. The information below must match your legal name exactly, including middle names and suffixes (e.g., Jr, Sr).

Name of Tour: _____ Tour Dates: _____

First: _____ Middle: _____ Last: _____ Suffix: _____

Nickname: _____ Gender: Male Female Date of Birth: (month/day/year) _____

Address: _____ City: _____ State: _____ Zip Code: _____

*****We cannot deliver overnight mail to a P.O. Box. ** Please don't hesitate to contact our office if you encounter any issues.***

Phone: _____ Cell: _____ Email Address: _____

Passport Number: _____ Expiration Date: (month/day/year) _____

Date of Issuance: (month/day/year) _____ City, State, Country of Issuance: _____

Citizenship: _____ Emergency Contact: _____ Phone: _____

SECOND PASSENGER: Check if address is the same as Passenger #1

First: _____ Middle: _____ Last: _____ Suffix: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Cell: _____ Email Address: _____

Passport Number: _____ Expiration Date: (month/day/year) _____

Date of Birth: (month/day/year) _____ Date of Issuance: (month/day/year) _____

City, State, Country of Issuance: _____

Citizenship: _____ Emergency Contact: _____ Phone: _____

AIR GATEWAY: Your departure airport for this tour: _____

American History Project (AHP) cannot guarantee your seat preference. If you have not purchased air through MHT and wish to purchase transfers when applicable, you must transfer at our pre-scheduled times.

AIR UPGRADE: I am interested in purchasing an air upgrade to: Premium Economy, Business Class, First Class. Service is limited and not available on all flights or carriers. Other restrictions may apply. Are you willing to separate from the group air schedule to accommodate your upgrade request? Yes No

Travel Insurance - AHP highly recommends coverage for medical insurance, emergency evacuation, and trip cancellation. AHP has an insurance partner for travel protection, Allianz. For more information, visit www.allianztravelinsurance.com or call 1-866-884-3556. Trip cancellation insurance, or insuring your trip cost, provides the most comprehensive coverage, including medical and evacuation expenses, as well as protecting your tour investment in the event you need to cancel before departure. **CALL Pam for more insurance information!**

Phone #

Most medical insurance policies do not cover you for travel outside the United States. Certain credit cards offer international, medical, and evacuation insurance for trips purchased using their card. Check with your insurance carrier and your credit card

company before making a final decision. Please don't hesitate to contact AHP for more information.

Service Information:

- (1) Military Service: ___ USMC ___ USA ___ USN ___ USAF
(2) Veteran of: ___ Vietnam ___ Korea ___ Cold War ___ WWII ___ GWOT ___ other _____
(3) Areas of Operations/Firebases/Bases: _____ (4) Dates Served: _____
(5) Veteran's Information (Unit/Awards/etc.) _____

Tour Information:

- (1) Special Requests (Dietary, Mobility, etc.): _____
(2) Health (Concerns pertinent to traveling. This information is needed for your safety during travel): _____
(3) Have you traveled with AHP before (Tour & Date): _____
(4) If traveling with friends on the same tour, please list their names: _____
(5) Please indicate if you are representing a family member who fought on the island in any capacity _____

Check appropriate blocks:

___ Willing to share room* ___ I wish to room alone, please bill me for the single room supplement
**(Note: If we are unable to match you with a roommate, the single supplement will apply.)*

NOTE: A deposit of \$500 per person is due upon reservation. Reservations are made on a first-come, first-served basis. Payment may be made by check, money order, or credit card. Deposits are refundable, less a **\$250 administrative handling fee, until 90 days before** the tour. The final payment is due 90 days before the departure date. We strongly suggest that you make a copy of this form for your own records.

Deposit Amount: \$ 500 x ___ per person = _____ Pre/Post Tour Deposit Amount: \$ 200 x ___ per person = _____
Total amount enclosed: \$ _____

CHECK PAYMENT: Please Make Checks payable to American History Project

CREDIT CARD PAYMENT: Credit Card ___ American Express ___ Discover ___ MasterCard ___ Visa
Cardholder Name (if paying by Credit Card): _____

Cardholder Billing Address: ___ Check if address is the same as page 1 _____

Cardholder Phone: ___ Check if address is the same as page 1 _____ Amount Charged: \$ _____

Credit Card Number: _____ 3-digit code: _____ Expiration Date: _____

SIGNATURE REQUIRED for acceptance of AHP's Terms and Conditions and agreement to credit card use:

Date: _____

I agree to pay in accordance with the terms of the card issuer's agreement. I understand and accept AHP's cancellation policy, terms, and conditions. See <http://www.miltours.com/terms-and-conditions> for full terms and conditions of your purchase.

Necessary Condition: Your price will increase if you do not make a full payment by the specified time. Your cost is not subject to increase after you make full payment, except for charges resulting from increases in government-imposed taxes or fees.

American Historical Project
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