

Egypt 2022 Meditation Tour Registration



A 25% deposit reserves your space in this small select group.

To hold your space, return these forms for each traveler to Shelley Cerny LAc:
1137 2nd Street, Ste 119, Santa Monica, CA 90403
Email: shelley@ShinyHappyNeedles.com or Fax: 310-496-0293

The remainder of your payment is due January 2nd, 2022.

Type or print all information requested and sign where indicated. A completed Registration Form must be received for each participant along with a COPY OF THE INFORMATION AND PHOTO PAGE OF YOUR PASSPORT. If you do not have a passport yet, complete this form and indicate that your passport is in process. Your passport must be valid for a minimum of six months before and after your return. If it is not, please renew it now. Your reservation cannot be confirmed without this paperwork. Please read the TERMS AND CONDITIONS for additional information.

Print or type the following info exactly as it appears on your government issued passport to avoid delay and unnecessary change fees.

Full Name as it appears on your passport:

Surname / Last Name: _____

Given Names / First: _____ Middle: _____

Preferred Name if different than passport: _____

Date of Birth: Month: _____ Day: _____ Year: _____

Gender / Sex: _____

Passport Citizenship (Originating Passport Country): _____

Passport Number: _____

Date Issued: _____

Expiration Date: _____

City, State, Country of Issuance _____

***Include a photocopy of the face page of your passport with these forms.**

Home Address: _____

City: _____ State: _____ Zip Code: _____

Mobile Phone: _____ Alternate #: _____

E-mail: _____

Website: _____

Occupation: _____

What airport will you depart from for this trip? _____

Roommate:
I will share a room with: _____

I desire a single room and will pay the single supplement. _____

Has your desired roommate completed the registration and paid their deposit? _____

I would like a roommate assigned to me if one is available: _____

Do you have any existing health or medical conditions?: _____

If you become ill, injured, or disabled, whom should we contact that is not traveling with you?

Emergency Contact Person #1: _____

Relationship: _____

Address: _____

City: _____ State: _____

Zip Code: _____ Phone 1: _____

Phone 2: _____

E-mail: _____

Emergency Contact Person #2: _____

Relationship: _____

Address: _____

City: _____ State: _____

Zip Code: _____ Phone 1: _____

Phone 2: _____

E-mail: _____

Do you have any dietary restrictions (example: Vegetarian, Gluten Intolerant, Dairy Intolerant, etc): _____

Is there any other condition, medical or health issue we should be aware of?

TRAVEL TERMS AND CONDITIONS

Shelley Cerny LAc and cooperating agencies act only in the capacity of representatives for the participation in all matters relating to transportation and/or all other related travel services and assume no responsibility for injury, loss or damage to person or property in connection with any service, including but not limited to that resulting directly or indirectly from: acts of God, detention, annoyance, delays and expenses arising from quarantine, strikes, thefts, pilferage, failure of any means of

conveyance to arrive or depart as scheduled, civil disturbances, government restrictions or regulation, discrepancies or change in transit over which it has no control. Tour plan, program details, tour leadership, costs, the sequence of cities visited or even number of nights in each city as advertised can change due to change in logistics at the time of travel. Prices are subject to change. We reserve the right to provide alternate hotels if mentioned hotels become unavailable for any reason. This tour does not include international flights and therefore begins when you arrive at destination and ends when you depart destination. Baggage and personal effects are the sole responsibility of the owners at all times. You must be prepared to carry your own luggage if necessary. Shelley Cerny LAc strongly encourages travelers to purchase trip cancellation/interruption, baggage, medical expense, medical evacuation, accidental death coverage, and emergency assistance insurance.

RELEASE AND ASSUMPTION OF RISK

The undersigned has read carefully the schedule of activities for this tour, as well as the conditions of application and participation as outlined in the tour information, and recognizes and accepts any risks thereof and the conditions set forth therein. The undersigned also understands and hereby agrees to and on behalf of himself/herself, his/her dependents, heirs, executors, administrators, and assigns to abide by the conditions set forth under RESPONSIBILITY, above, as well as in the information provided, and to release and hold harmless Shelley Cerny LAc and her agents and any of their officers, agents, licensees or representatives from any liability for delays, injuries or death, or for the loss of or damage to, his/ her property, however, occurring during any portion of, or in relation to, the tour referred to in the information provided and in other related documents received by the undersigned, relating to the program and potential risks.

YOUR FINANCIAL INVESTMENT

A deposit of 25% is due at the time of registration and serves to reserve your place. The remainder of the tour fee and other expenses, if applicable, are due on or before January 2nd, 2022. Your deposit constitutes an agreement to pay the remaining amount due. The deposit is non-refundable. After January 2nd, 2022 no refunds of additional payments will be issued, though cancellation is possible. Cancellation 60-90 days before March 9th refunds 65%. Cancellation 30-59 days before March 9th refunds 50%. Cancellation 7-29 days before March 9th refunds 25%. Cancellation 7-1 days before March 9th refunds \$0. Travel insurance is extra and strongly recommended due to its low cost and thorough coverage. Please keep a copy of this completed form for your records. Please contact Shelley Cerny LAc with your questions.

I would like to pay by: Check Venmo Zelle Cash Credit Card (3% fee added)

Account # _____

Billing Zip Code _____ Security Code _____ Exp. Date _____

Name of Cardholder: _____

Signature: _____ Date: _____

*Please make your check payable to Shelley Cerny LAc

Venmo: Shelley Jo@Shelley-Jo

Zelle – soundmovement@gmail.com

TALENT RELEASE

Do you authorize Shelley Cerny LAc, her agents, and fellow travelers to take audio, video, and still photos of you on this trip? These may be shared publicly in published and unpublished documents and utilized for personal and professional reasons in both electronic and print form. If you agree, your signature here declares acceptance of release.

Signature: _____ **Date:** _____

YOUR RESERVATION IS FINAL WHEN

we have received your deposit, this signed completed reservation form and a copy of your passport in our office. Registration is on a first come basis. Space is limited. Reservations are on a first come, first served basis.

FLIGHT ARRANGEMENTS

Travel to and from Cairo, Egypt International Airport is not covered by the cost of this tour. If you would like help booking your flight and need a travel agent recommendation, we know a thorough agent who can help. She also has low cost travel insurance policies available that include trip cancellation/interruption, baggage, medical expense, medical evacuation, accidental death coverage, and emergency assistance. Shelley Cerny LAc does not benefit from this referral.