

CTH Peru Wheelchair Distribution 2019	CTH Member
Chair The Hope – November 2nd – 10th, 2019 Peru, South America	\$3495.00 USD \$2995.00 USD *

CTH Peru Wheelchair Distribution is by invitation only. For consideration, complete the form below.

Referred by: _____

INCLUDES: <ul style="list-style-type: none"> • Three (3) CTH Wheelchair Distributions while in Peru. • Access to private group excursions. • Machu Picchu hike with Nathan & Heather Ogden. • Lodging, local transportation, meals, & inter-country flights. • Lifetime Guaranteed First VIP Booking for future wheelchair distributions. 		
ROOM CHOICE: Room Type: Double Occupancy - \$3,495.00 \$2,995.00 USD per person PIF Now (Save \$250 by Paying in Full) OR \$1622 Now (50% paid now) \$1623 (50% paid 60 days prior to departure) Requested Room Mate or Spouse Name: _____ (Legal name as on passport or travel documents) Room Type: Single Occupancy - \$3,995.00 \$3,495 USD (Save \$250 by paying in full for Private Accommodation) OR \$1872 Now (50% paid now) \$1873 (50% paid 60 days prior to departure) * Fees DO NOT include Airfare to and from Lima, Peru.		
<ul style="list-style-type: none"> • PAID IN FULL 	TOTAL DUE	\$
<ul style="list-style-type: none"> • PAYMENT PLAN - Deposit of \$ (50% paid now / 50% paid later)* <p>* The final installment must be paid 60 days prior to Adventure.</p>	Less Deposit (if Payment Plan)	

***CTH Participant**

FULL LEGAL NAME:	
Birth Date:	E-mail Address:
Address:	City:
State/Prov:	Postal/Zip:
Home Telephone:	Cell Phone:
Passport #	Passport Exp.
Emergency Contact Name:	
Emergency Contact Phone Number & Email	
Medical Needs:	Dietary Needs:
T Shirt Size SMALL MED LARGE XLARGE XXLARGE	

CTH Humanitarian Project

The CTH Peru Wheelchair Distribution 2019 will also include a humanitarian project in a local community in need. We welcome any amount for additional donations of support.

\$50.00 \$100.00 \$250.00 \$500.00 \$1,500.00 Other Amount \$ _____

GRAND TOTAL: _____

***Card Holder (Please Print Clearly):**

Payment Type:

AMEX DISCOVER MC VISA Check Cash

Credit Card #: _____ **Exp. Date:** _____

Security Code: _____ (AMEX 4 digits on front - All other cards 3 digits on back)

By enrolling in this program, you automatically agree to and are bound by the Program Provisions and Cancellation Agreement on this form. Chair The Hope will fill out the local tour company's paperwork on behalf of me using the information I entered above. *Please note, your credit card will be charged by Chair The Hope and will appear on your statement in USD. Itinerary is subject to change without notice.

Authorized Signature:

Date:

Spouse Information

FULL LEGAL NAME:	
Birth Date:	E-mail Address:
Address:	City:
State/Prov:	Postal/Zip:
Home Telephone:	Cell Phone:
Passport #	Passport Exp.
Emergency Contact Name:	
Emergency Contact Phone Number & Email	
Medical Needs:	Dietary Needs:
TShirt Size	SMALL MED LARGE XLARGE XXLARGE

**** Fees Do Not Include Airfare to and from Lima Peru ****

CHAIR THE HOPE CANCELLATION AGREEMENT

All cancellations must be in writing and emailed to hope@chairthehope.org. Voicemail and verbal correspondence do not constitute writtencancellation notice. Cancellation notice will be deemed to be the date on which Chair The Hope receives the written notification.

If you notify us, in writing within 3 business days from the date of signing this form that you wish to cancel, then we will refund you the total amount you have paid to us with respect to that CTH Wheelchair Distribution. **After 3 business days of submission, you agree that all fees' you pay are nonrefundable.**

Enrollments for the 2019 Wheelchair Distribution in Peru are transferable to another party at your own discretion. Request to transfer must be received in writing. Voicemail and verbal correspondence do not constitute written transfer notice. Transfer notices will be deemed received on the date which Chair The Hope receives the written notification. **Any transfer must be completed 60 days prior to the first day of the 2019 Peru Wheelchair Distribution. Transfers are not available for any future Wheelchair Distribution or CTH event.**

EVENT TEAM USE ONLY

Order Form Status:	Entered By:	AUTH # :
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