

<b>CTH Peru Wheelchair Distribution 2019</b>	<b>CTH Member</b>
<b>Chair The Hope – November 2<sup>nd</sup> – 10<sup>th</sup>, 2019 Peru, South America</b>	<b>\$3495.00 USD *</b>

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

Referred by: \_\_\_\_\_

<b>INCLUDES:</b> <ul style="list-style-type: none"> <li>• Three (3) CTH Wheelchair Distributions while in Peru.</li> <li>• Access to private group excursions.</li> <li>• Machu Picchu hike with Nathan &amp; Heather Ogden.</li> <li>• Lodging, transportation, meals, &amp; inter-country flights.</li> <li>• Lifetime Guaranteed First VIP Booking for future wheelchair distributions.</li> </ul>		
<b>ROOM CHOICE:</b> Room Type: <b>Double Occupancy - \$3,495.00 USD</b> per person PIF Now ( <b>Save \$250</b> by Paying in Full) OR <b>\$1875</b> Now (50% paid now) <b>\$1870</b> (50% paid 120 days prior to departure) Requested Room Mate or Spouse Name: _____ <small>(Legal name as on passport or travel documents)</small>  Room Type: <b>Single Occupancy - \$3,995.00 USD (Save \$250</b> by paying in full for Private Accommodation) OR <b>\$2122</b> Now (50% paid now) <b>\$2123</b> (50% paid 120 days prior to departure)  * Fees <b>DO NOT</b> include Airfare.		
• PAID IN FULL	TOTAL DUE	\$ _____
• PAYMENT PLAN - Deposit of \$ (50% paid now / 50% paid later)*  * <b>The final installment must be paid 120 days prior to Adventure.</b>	Less Deposit (if Payment Plan)	

**\*CTH Participant**

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

**CTH International Community Service Project**

The CTH Peru Distribution 2019 Community Service Project will be in a local community in need. Check the amount for additional donations.

\$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 \*\***

### CHAIR THE HOPE CANCELLATION AGREEMENT

All cancellations must be in writing and emailed to [hope@chairthehope.org](mailto:hope@chairthehope.org). Voicemail and verbal correspondence do not constitute written cancellation 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 Distribution. **After 3 business days of submission, you agree that all fees' you pay are nonrefundable.**

Enrollments for the 2019 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 90 days prior to the first day of the 2019 Peru Distribution. Transfers are not available for any future Distribution or CTH event.**

#### EVENT TEAM USE ONLY

Order Form Status:	Entered By:	AUTH # :
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