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Credit Card Authorization:

I, _____, hereby authorize _____ to charge \$ _____ Dollars (amount in words) on my _____ credit card account # _____
Expiration date: _____ Security code: _____ Booking Number: _____
Name on Card: _____
Trip Description: _____

My credit card is billed to the following address:

Name: _____
Home phone:(____) _____ Work phone:(____) _____ Cell phone: (____) _____
Street: _____ Apt. _____
City: _____ State: _____ Zip: _____
Trip Participants included in this payment:

 _____ _____

Signature _____ **Date** _____

Travel Protection Waiver: (The purchase of travel insurance is non-refundable)

Dates of Travel: _____ Destination: _____

- I will purchase travel insurance** to cover all my nonrefundable travel costs. To receive coverage for pre-existing conditions, I accept that I have to purchase the insurance within 14 days of the trip deposit.
- I accept the supplier protection/insurance plan.** I understand I am not protected from supplier default. I hereby release Research Travel, Inc. from any and all liability related to the trip described above.
- No**, do not enroll me for any Travel Insurance or Travel Protection Plan. I understand that I am solely responsible for any cancellation penalties and out-of-pocket expenses incurred. I will also make my own separate travel, medical and any other provisions in the event of an emergency while I am traveling. I also understand that I am not protected from loss in the event of any travel vendor, travel supplier or any travel related operator default. This waiver confirms that I voluntarily **Decline** Travel Insurance and Travel Protection Insurance for the trip described above. I understand I am solely liable for all airline fees, supplier fees, and agency fees that may apply and I hereby release Research Travel, Inc. from any and all liability related to the trip described above.
- I have purchased or will purchase other travel insurance and travel protection insurance** on my own and do hereby release Research Travel, Inc. from any and all liability related to my trip described above. Please provide Insurance Co. _____ and Policy # _____.

This waiver must contain signatures of authorized credit card holders over the age of 17.

_____ Signature Date	_____ Signature Date
_____ Signature Date	_____ Signature Date
_____ Signature Date	_____ Signature Date