



Registration Form

Tour Name: _____ [?][?][?][?]

Start Date: _____ **End Date:** _____ [?][?]

Name: _____

Address: _____

City: _____

State: _____ **Zip Code:** _____

Phone: _____

Credit Card Number: _____

Circle one: Amex, Visa, Master card, Discover

Expiration Date: _____ **Security Code:** _____

Name On Card: _____

Signature: _____ **Date:** _____

Star Consortium LLC accepts no liability or responsibility, whether occasioned by railroad, car, bus and aircraft for any injury, damage, loss, accident, or delay which may be occasioned either by reason or defect, through acts of default of any company or person and all these will be accepted as beyond the control of Star Consortium LLC.

I agree that I will purchase any and all travel insurance that will cover any medical or other emergency while I am traveling with Star Consortium LLC.

Star Consortium LLC strongly recommends that every participant have adequate, trip cancellation, personal and baggage insurance.

Possible Trip Cancellation Insurance Companies:

1. AccessAmerica.com
2. TravelGuard.com
3. AmericanExpress.com

I have read and agree with everything stated above.

Please sign here: _____

Print here: _____