

### AUTHORIZATION TO CHARGE

 ATTN: Diane Domiano  
 Group: Darci & Ben's Wedding

Departure Date: 4/14/2012

Pricing is **THREE NIGHTS!** To add extra nights write number of extra nights needed

Per Person Rates	Dlx Tropical	Extra Night	Dlx Pool	Extra Night	Dlx Ocean	Extra Night	Preferred Tropical	Extra Night	Preferred Pool	Extra Night	Preferred Ocean	Extra Night
Single	\$456.00	\$134.00	\$474.00	\$140.00	\$516.00	\$154.00	\$547.00	\$168.00	\$577.00	\$178.00	\$583.00	\$180.00
Double	\$363.00	\$103.00	\$381.00	\$109.00	\$411.00	\$119.00	\$430.00	\$129.00	\$451.00	\$136.00	\$460.00	\$139.00
Triple	\$355.00	\$101.00	\$370.00	\$106.00	\$396.00	\$114.00	\$419.00	126.00	\$436.00	\$131.00	\$445.00	\$134.00
Extra Night(s)												

Children's rates are posted on Darci & Ben's wedding website.

Legal Guests Names (as they appear on your passport)

Birthdate

Guest #1

\_\_\_\_\_

\_\_\_\_\_

Guest #2

\_\_\_\_\_

\_\_\_\_\_

Guest #3

\_\_\_\_\_

\_\_\_\_\_

Guest #4

\_\_\_\_\_

\_\_\_\_\_

You MUST have a passport to travel!!!

I \_\_\_\_\_ hereby authorize Travel Impressions

To charge my credit card: VISA MC Diners Club AMEX Discover (Please circle type of card)

Card # \_\_\_\_\_ Exp. \_\_\_\_\_ SVC \_\_\_\_\_

**(The SCC is the 3 digit number by the signature line on the back of your credit card)**

In the amount of \$50 per person by November 15th for the room chosen above.

Name as it appears on card: \_\_\_\_\_

Cardholder Address: \_\_\_\_\_ Please include city

Cardholder Phone No: \_\_\_\_\_ Cardholder Email Address: \_\_\_\_\_

#### GROUP TRIP INSURANCE

**\*\*All guests MUST purchase group trip insurance. If all guests do not purchase trip insurance guests will be subject to \$150 per person cancellation fee as well as fees incurred by resort and vendor. I understand that if I do not purchase the trip insurance I am subject to cancellation charges by the vendor(s), hotel, and Absolute Dream Vacations that could amount to 100% of the cost of the vacation package.**

\*\*\*Signature of Cardholder: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete, sign, and fax back to us as soon as possible  
 Thank you for making your travel arrangements with Diane Domiano of **Absolute Dream Vacations.**  
 PO Box 933 Abingdon, MD 21009