

# INCLUSIONS & REGISTRATION FORM

- † Round-trip airfare from Chicago (ORD)
- † Airport Taxes and Fuel Surcharges
- † 10 nights at centrally located first class hotels as follows: *(or similar)*
- ~ 2 nights: May 10 – 12: Hotel Catalonia Atocha, Madrid
- ~ 1 night: May 12 – 13: Hotel Palacios de Los Velada, Avila
- ~ 1 night: May 13 – 14: Hotel Abba Fonseca, Salamanca
- ~ 2 nights: May 14 – 16: Hotel Loiola, Loyola
- ~ 1 night: May 16 – 17: Hotel Parador Sos del Rey Catolico
- ~ 1 night: May 17 – 18: Hotel Abat Cisneros, Montserrat
- ~ 2 nights: May 18 – 20: Hotel Ayre Caspe, Barcelona
- † Breakfast and Dinner daily
- † 3 Lunches (May 11, May 16 and May 17)
- † Transfers as per itinerary
- † Transportation by air-conditioned motor coach
- † Wireless headsets where needed
- † Assistance of a professional local Catholic Guide
- † Sightseeing and admissions fees as per itinerary
- † Mass daily & Spiritual activities
- † Luggage handling (1 piece per person)
- † Flight bag & Portfolio of all travel documents



**Not Included:** Lunches and beverages not mentioned, Tips to your guide & driver.

**Optional:** Travel Insurance [www.206tours.com/insurance](http://www.206tours.com/insurance)  
 Cancel for Any Reason Waiver  
[www.206tours.com/cancelforanyreason/](http://www.206tours.com/cancelforanyreason/)

To **book** or for **more information:** [www.pilgrimages.com/bellarmino](http://www.pilgrimages.com/bellarmino)  
 or contact Danielle @ 206 Tours T: 1-800-206-8687 E: [danielle@206tours.com](mailto:danielle@206tours.com)

## Shrines of Spain Pilgrimage \$4,199 per person from Chicago, IL (ORD) Departures from other US Cities Available

**ITEMS INDICATED IN RED ARE MANDATORY**

Last Name/First Name, Middle Name (as it appears on passport)

**PLEASE INDICATE COUNTRY OF PASSPORT - IF NOT US**

Date of Birth

US Passport #

Passport Exp.

1 \_\_\_\_\_ MM \_\_\_\_ DD \_\_\_\_ YY \_\_\_\_\_  
 Male  Female Seat Preference:  Window  Aisle  Travel Companion

2 \_\_\_\_\_ MM \_\_\_\_ DD \_\_\_\_ YY \_\_\_\_\_  
 Male  Female Seat Preference:  Window  Aisle  Travel Companion

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Tel # \_\_\_\_\_ Work/Cell Tel # \_\_\_\_\_ E-mail (s) \_\_\_\_\_

Departure City \_\_\_\_\_ Nickname / Name tag \_\_\_\_\_ Complementary Bag Option:  Tote  Backpack

**OPTIONAL:**

Private Room: **\$899** or  Roommate Request: \_\_\_\_\_

I am purchasing Travel Insurance as per [www.206tours.com/insurance](http://www.206tours.com/insurance)

I am purchasing the Cancel for Any Reason Waiver for an additional \$299 - Only valid if purchased in addition with Travel Insurance

For details please review back of flyer and/or go to: [www.206tours.com/cancelforanyreason](http://www.206tours.com/cancelforanyreason)

Business Class Upgrade:  Round-Trip: \$3,700  One-Way: \$1,850 - Request Basis Only

**PAYMENT OPTIONS:** [www.206tours.com/payments](http://www.206tours.com/payments)

Please enclose a non refundable deposit of **\$400** per person (include travel insurance if purchased)

**Office Use Only**  
**MS050922**  
 Danielle

**Check:** x \_\_\_\_\_ people = \$ \_\_\_\_\_ \*Please make checks payable to: **206 Tours**

**Electronic Check:** (ACH): Routing # \_\_\_\_\_ Account # \_\_\_\_\_  
First set of digits on the left side      Second set of digits after the routing number

**Credit Card:**  American Express  Visa  Master Card  Discover

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Sec. Code \_\_\_\_\_

**Please select one of the 4 options below**

- Charge my deposit now & the balance due 60 days prior to departure
- Automatically charge my balance 60 days prior to departure
- charge my deposit & insurance now & the balance due 60 days prior to departure
- charge my total trip costs now

Full payment is required **60** days prior to departure - March 8, 2022

\*Signature \_\_\_\_\_ Date \_\_\_\_\_

Enrollment in/payment for this tour constitutes your acceptance of all terms and conditions as stated on page 4 and as per: [www.206tours.com/terms](http://www.206tours.com/terms)

**Mailing Address: 1000 Health Park Drive Suit 430, Brentwood TN 37027**