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GENERAL CONDITIONS
INSURANCE ~ PASSPORT/PROOF OF CITIZENSHIP INFORMATION
CANCELLATIONS ~ CHANGES ~ REFUNDS

Travel Concepts, Inc. strongly recommends that you read carefully the TERMS AND/OR CONDITIONS provided in reference to the travel/cruise package that you have purchased. This information is included in the back of their brochure, as well as detailed information Travel Concepts, Inc. has provided you.

This information will provide you with specific terms for revisions and cancellations once your package is under deposit. Please pay particular attention to the time frames with respect to REVISIONS and CANCELLATIONS, as well as applicable penalties set forth. IF YOU HAVE ANY QUESTIONS, PLEASE NOTIFY US PROMPTLY. It is our recommendation to become aware and familiar of any cancellation charges and additional expenses you may incur before or after the departure of your trip.

OPTIONAL INSURANCE CANCELLATION & INTERRUPTION PROTECTION

Many suppliers provide their own insurance coverage. Additionally, Travel Concepts, Inc. is licensed to provide TRAVEL GUARD INSURANCE PROTECTION for your consideration. Please ask your Travel/Cruise Consultant for any assistance so that you are completely aware of pre-travel and during travel cancel/change penalties.

GROUP TRAVEL

The specific terms & conditions for change and/or cancellation once payment is recorded on your booking is described in its entirety within the confirmation of your travel/cruise package.

PASSPORT/PROOF OF CITIZENSHIP REQUIREMENTS

If your arrangements will take you outside of the UNITED STATES, you will be required to provide (in most cases) a valid PASSPORT. This information will be included in YOUR detailed confirmation, and it is your responsibility to obtain a PASSPORT and/or VISA (per the requirements of your final destination and government).

ACKNOWLEDGEMENT

I/We have reviewed ALL of the General Conditions of our purchased travel/cruise package, Passport Requirements and Optional Insurance provisions. I/We acknowledge a full understanding of and responsibility regarding this information.

Your Name(s) _____
Your Signature(s) _____
Date _____
Address _____ City/State/Zip _____
Phone Home _____ Work _____

TRAVEL/CRUISE PACKAGE DETAILS

Supplier(s) _____
Dates of travel: _____

ACCEPT OR DECLINE

PLEASE INDICATE WHETHER YOU _____ ACCEPT OR _____ DECLINE THE OPTIONAL INSURANCE.

Thank you! We appreciate your assistance and your business!

Business Hours: Monday-Thursday 8:30am-5:00pm/Friday 8:30am-4:00pm