



33rd Management Seminar

Registration Form

February 4 - 11, 2018

*All-Inclusive Secrets Cap Cana
Punta Cana, Dominican Republic*

**7 Nights (Land & Air) - \$ 5,075 per couple
4 Nights Feb. 4 - 8 (Land & Air) - \$ 3,795 per couple**

All packages include roundtrip airfare, transfers, junior suite room accommodations, current taxes, all meals, premium beverages & gratuities. Travel Insurance is recommended and is available for an additional fee.

Cancellations or no-shows may be charged cancellation fee.

We encourage you to send this registration form in as soon as possible.

Rooms are available on a first come, first registration basis.

After all blocked rooms are booked, Traveloni will assist in obtaining additional rooms on an "as available" basis.

4 and 7 Nights Land & Air Travel Arrangements:

Departing Flight:

Depart: Feb. 4, 7:00 a.m.**
Arrive: Feb. 4, 1:00 p.m.**

Swift Air #450
St. Louis, MO
Punta Cana-Dominican Republic

4 Night Returning
Flight:

Depart: Feb. 8, 2:00 p.m.**
Arrive: Feb. 8, 5:00 p.m.**

Swift Air #451
Punta Cana-Dominican Republic
St. Louis, MO

7 Night Returning
Flight:

Depart: Feb. 11, 2:00 p.m.**
Arrive: Feb. 11, 5:00 p.m.**

Swift Air #451
Punta Cana-Dominican Republic
St. Louis, MO

****Times are subject to change.**

**SITE Improvement Association
Management Seminar 2018
REGISTRATION FORM**

Print or type legibly. Please complete entire registration form for each couple attending.
PLEASE ENCLOSE A COPY OF THE PICTURE PAGE OF YOUR PASSPORT WITH THIS REGISTRATION FORM
You **MUST** have a valid passport that is valid for 6 months after the completion of your trip.

NAME (as it appears on passport): _____ NAME (for name tag): _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
PHONE: HOME: (_____) _____ WORK: (_____) _____
FAX: (_____) _____ CELL: (_____) _____
E-MAIL: _____ BIRTHDATE: _____

GUEST/SPOUSE'S NAME (as it appears on passport): _____ NAME (for name tag): _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
PHONE: HOME: (_____) _____ WORK: (_____) _____
FAX: (_____) _____ CELL: (_____) _____
E-MAIL: _____ BIRTHDATE: _____

MAILING ADDRESS IF DIFFERENT FROM ABOVE. Signature is required for document delivery. No PO Boxes please.

ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____

- PACKAGE OPTIONS:**
- 7 night air/land package –February 4-11, 2018 **(\$5,075)**
 - 4 night air/land package – February 4-8, 2018 **(\$3,795)**
 - 7 night land only package (contact Traveloni for rates)
 - 4 night land only package (contact Traveloni for rates)
 - Please include travel insurance – **\$210** per couple for 4 nights or **\$270** per couple for 7 nights

AIR FOR LAND ONLY OPTION: I will arrange my air independently. (Please send your air itinerary in order for transfers to be arranged.)

I need to advise you of medical problems or other concerns: Yes No (If yes, you will be contacted with the strictest confidence.)

ALL PARTICIPANTS MUST INCLUDE EMERGENCY CONTACT AND RELATIONSHIP:

Name/Relationship: _____ Home Phone: _____ Work Phone: _____

PAYMENTS:

- Due with Registration \$1,500 per couple
- Due October 20, 2017 75% of balance due
- Due November 17, 2017 Final payment (balance)

SIGNATURE: _____ Date: _____

ALL UNSIGNED REGISTRATIONS WILL BE RETURNED

****Make checks payable to SITE Advancement Foundation****

*****For Credit Card Payments, Contact Traveloni –
Lynn Farrell 312-334-7878 or Mary Dolan at 312-334-7860*****

Mail completed registration form, copy of passport picture page and payment to:

SITE Advancement Foundation
c/o SITE Improvement Association
2071 Exchange Drive
St. Charles, MO 63303
Phone: 314.966.2950 Fax: 314.966.2999