



Tel.301 251 0370 ■ Fax.301 294 6208 ■ Email: info@researchtravel.com
Mail To: 1803 Research Boulevard Suite LL1, Rockville, MD 20850

Travel Insurance Waiver:

Dates of Travel: _____ Destination: _____

I accept the _____ (name of insured) travel insurance.

I accept the supplier cancellation waiver only. I understand I am only protected for a change of reservation or cancellation. I understand I may receive vouchers for future travel and may not receive monetary compensation. I understand I am not protected from supplier default, and I have no baggage, medical, AD&D coverage. I hereby release Research Travel, Inc. from any and all liability related to the trip described above.

No, do not enroll me for any Travel Insurance or Travel Protection Plan. I understand that I am solely responsible for any cancellation penalties and out-of-pocket expenses incurred. I will also make my own separate travel, medical and any other provisions in the event of an emergency while I am traveling. I also understand that I am not protected from loss in the event of any travel vendor, travel supplier or any travel related operator default. This waiver confirms that I voluntarily Decline Travel Insurance and Travel Protection Insurance for the trip described above. I understand I am solely liable for all airline fees, supplier fees, and agency fees that may apply and I hereby release Research Travel, Inc. from any and all liability related to the trip described above.

I have purchased or will purchase other travel insurance and travel protection insurance on my own and do hereby release Research Travel, Inc. from any and all liability related to my trip described above. Please provide Insurance Co. _____ and Policy # _____.

This waiver must contain signatures of all adult travel participants over the age of 17.

Signature Date

Signature Date

Signature Date

Signature Date

Signature Date

Signature Date

See next page

Credit Card Authorization:

I, _____, hereby authorize _____ to charge \$ _____ Dollars (amount in words)

against my _____ credit card account # _____

Expiration date: _____ Security code #: _____ Booking Number: _____

*We are now required to get the SECURITY number from your Discover, MasterCard or Visa credit card, which is in the signature strip after the credit card number.

For customers using American Express, we need the 4-digit SECURITY number located on the front of your credit card just above the last 5-digits of the credit card number.

Trip Description: _____

Add \$15.00 for 2nd day express delivery: Yes No

My credit card is billed to the following address:

Name: _____ Home phone:(____)_____ Work phone:(____)_____

Street: _____ Apt. _____

City: _____ State: _____ Zip: _____

Trip Participants included in this payment:

Signature Date