Custom Travel & Cruise

SSOMS Ireland Meeting Pre-Trip
Ashford Castle package Registration Form

May 2 -5 , 2027

Traveler 1 (per passport):	_____
Date of Birth:	_____
Passport Number:	_____
Passport Expiration:	_____
Traveler 2 (per passport):	_____
Date of Birth:	_____
Passport Number:	_____
Passport Expiration:	_____
Street Address:	_____
City / State / ZIP:	_____
Home Phone:	_____
Mobile Phone:	_____
Email:	_____
Rooming With (if applicable):	_____

Payment Information

Deposit: 40% of total trip price (NONREFUNDABLE).
Single supplement: Call for pricing.

Payment Method: ☐ heck (payable to Custom Travel & Cruise) ☐ Credit Card

Card Type	_____
Card Number	_____
Expiration	_____
Security Code	_____
Name on Card	_____
Billing Address	_____

Use this card for final payment when due: ☐ Yes ☐ No

Departure Airport: _____

Travel Insurance

☐ I accept travel insurance (Initials _____) ☐ I decline travel insurance (Initials _____)

Quote will automatically be sent to you upon inquiry and upon registering.

Additional Information

Emergency Contact (Name / Phone / Email)	
Physical ailments or special needs	
Trouble walking?	
Food allergies (please list)	
Friends/family to receive brochure (name & email/address)	

Return Registration Form To

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