

## 2018 BMW BERLIN-MARATHON PACKAGE - SEVEN CONTINENTS CLUB MEMBERS ONLY

You may scan/email the completed form to <a href="mailto:nicole@marathontours.com">nicole@marathontours.com</a> or fax to 617-242-7686.

Berlin 4 night package: Check-in on Thurse Please indicate your choice preference with a "1", "			
Grand Hyatt Berlin - Standard		Berlin Marriott	
Grand Hyatt Berlin - City View		Ritz Carlton Berli	n
Grand Hyatt Berlin - Club Level		The Mandala Ho	tel - Executive Suite (One Bed Only)
I am requesting additional days in Berlin: Cl	heck-in date	Check-out	date
EXTENSION OPTIONS: Oktoberfest will not be offer possible extension destination. We will plan an extension			
Munich only (without Oktoberfest)	Amsterdam	☐ Prague	Other
	nother runner on the	trip and pay the double occu	pancy price if matched. I understand that this option is not
guaranteed. I agree to pay single occupancy pricing by the beds are single beds can be close together. If you are unc			d will be issued if a match is possible. Please note that the
Traveler 1 Full Passport NAME:			Date of Birth MM/DD/YY://
$\square$ Yes, please secure my marathon entry. $\square$ No.	, I've secured entry	y already. $\square$ 6K on Sat. 9	$9/15$ (Free, open to everyone) $\square$ I am a spectator.
lacksquare I am a member of the Seven Continents Club	☐ Europe is my	7 <sup>th</sup> Continent Be	erlin is my 6 <sup>th</sup> Abbott World Marathon Major
GENDER: M F Email Address:			Gluten Free  U Vegetarian
			Date of Birth MM/DD/YY:/
$\square$ Yes, please secure my marathon entry. $\square$ No	o, I've secured ent	ry already. $\square$ 6K on Sat.	9/15 (Free, open to everyone) $\square$ I am a spectator.
lacksquare I am a member of the Seven Continents Club	☐ Europe is my	7 <sup>th</sup> Continent Be	erlin is my 6 <sup>th</sup> Abbott World Marathon Major
GENDER: M F Email Address:			Gluten Free  U Vegetarian
Billing Address: If you are paying separat	ely from your t	ravel companion, ple	ease send separate forms.
Address:		City:	State/Prov:
ZIP Code/Postal Code:	Country of Resi	dence:	Phone Number:
Emergency Contact Name:		Emergency Con	tact Phone:
ANY SPECIAL REQUESTS (i.e. "Rooming with")	:		
			amount of \$to the card below:
•			MA 02150. Checks from non U.S. banks are not accepted.
VISA/MC/AMEX:		EXPIRY DATE:	CVV Code:
must be received before June 30, 2018. Final payments received a separate line item on your invoice. If you are accepted by the Berl listed under tour features.  Cancellations: Deposits are NON-REFUNDABLE. No refund applies Insurance: Trip insurance information is available upon request at Responsibility: These tours are operated by Marathon Tours, Inc for injury, damage, loss, accident, delay or irregularity caused by a full refund made as full settlement to the passenger. Marathon Tours are presented by Marathon Tours and the passenger of the	ether with the deposit pafter June 30 are subject lin lottery or a charity – s to cancellations after find is highly recommend . of Boston, MA who act any reason whatsoever lours, Inc. may make any sibility of any airline used	er person highlighted above must to a late payment fee of \$50.00. the race entry fee will be removed in all payment is made. ed to all participants due to the resonly as an agent for the passen by any party offering such service changes or alterations in the itin dis limited to that set out in the	It be received before confirming your reservations. Final payment Entry fee is additional to the package pricing and will appear as a sed from your invoice. Not included in price: All items not specifically non-refundable restrictions of our packages. ger to the companies offering such services and assumes no liability is. The right is reserved to cancel the tour prior to departure with a erary as it deems necessary for the proper handling of the tour and passenger contract evidenced by the ticket. The airlines concerned