



**Travel Program Registration Form
Summer 2024: Best of Burlington
August 27-29, 2024**

Traveler 1 Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email address: _____ Home: (____) _____ Cell: (____) _____

Please select your boxed lunch sandwich:

- Ham & Cheese Italian Combo Veggie Wrap Tuna Salad Turkey & Cheese

Traveler 2 Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email address: _____ Home: (____) _____ Cell: (____) _____

Please select your boxed lunch sandwich:

- Ham & Cheese Italian Combo Veggie Wrap Tuna Salad Turkey & Cheese

Accommodations: Single – \$1,500 per person Double – \$1,125 per person

Non-members add \$100 per person

Payment Schedule:

- **Time of registration** – \$500 per person deposit due to secure spots.
- **July 1, 2024** – Registration closes and final balance due.

Payment Information:

____ I have enclosed a check made payable to New England Air Museum in the amount of \$ _____

____ I authorize New England Air Museum to charge my credit card in the amount of \$ _____

- MasterCard Visa Discover American Express

Card Number _____ Exp. Date ____/____

Cardholder Name _____ Billing Zip Code _____

Terms & Conditions: Registration may be cancelled with fully refundable payments through the trip’s registration deadline of July 1, 2024. After that date all payments become nonrefundable. The New England Air Museum reserves the right to cancel the trip if the minimum number of participants is not met, or for unforeseeable circumstances beyond our control. If the trip is cancelled by the museum, all payments will be refunded in full. All participants will need to submit a completed Health and Safety Form by July 1, 2024. Itineraries are subject to change. Participants are encouraged to purchase travel insurance.

Travel Program participants agree to release, hold harmless, and covenant not to sue the Connecticut Aeronautical Historical Association DBA New England Air Museum, its regents, officers, employees, and agents from any and all liability for personal injury, death, property damage, or loss of any kind or nature whatsoever (whether caused by negligence or otherwise), arising directly or indirectly in connection with my participation in this trip. This release will be construed according to federal law and the law of Connecticut.

Signature indicates participant(s) acceptance of the above terms and conditions.

Signature (Traveler 1) _____ Date _____

Signature (Traveler 2) _____ Date _____

**Please mail payment and completed Registration Form to:
Amanda Goodheart Parks, Ph.D., Director of Education
New England Air Museum 36 Perimeter Road Windsor Locks, CT 06096
agparks@neam.org (860) 623-3305 x313**