

UD 2020 China Trip Reservation Form

Deposit deadline: January 15, 2020

Please print carefully! Inaccurate information will result in possible travel delays and/or airline change fees.

Tour name **UD Alumni and Friends China trip** Cost per person **\$5,999*** Single hotel room supplement **\$1100**

* Final trip cost is subject to change based on the USD-RMB exchange rate on June 1, 2020 and visa application cost of March 8, 2020.

Date of tour **June 15 – 28, 2020** Departure airport **JFK**

Nonrefundable Deposit (per person) **\$800** X (# of travelers)_____ = Total enclosed = \$_____

Check only and please make check payable to the University of Delaware

FIRST PASSENGER

Full Name (as it appears on passport) _____

Tour badge nickname _____

Passport number _____

Passport issue date _____

Passport expiration date _____

Date of birth: _____ (M/D/Y)

☐ Male ☐ Female

Street address _____

City _____

State _____ Zip _____

Phone# _____

Email(required) _____

Single room supplement \$1100 **Y / N** (circle one)

Name of Roommate (optional) _____

Name of emergency contact not traveling _____

phone# _____ relationship _____

Dietary restriction (required) _____

International Health Coverage (copy of insurance document required) _____

Blood type (required) _____

Traveling abroad approved by physician ____Y

Medical allergy (required) _____

Generic name of current medication and known medical condition (required) _____

SECOND PASSENGER

Full Name (as it appears on passport) _____

Tour badge nickname _____

Passport number _____

Passport issue date _____

Passport expiration date _____

Date of birth: _____ (M/D/Y)

☐ Male ☐ Female

Street address _____

City _____

State _____ Zip _____

Phone# _____

Email(required) _____

Single room supplement \$1100 **Y / N** (circle one)

Name of Roommate (optional) _____

Name of emergency contact not traveling _____

phone# _____ relationship _____

Dietary restriction (required) _____

International Health Coverage (copy of insurance document required) _____

Blood type (required) _____

Traveling abroad approved by physician ____Y

Medical allergy (required) _____

Generic name of current medication and known medical condition (required) _____

Mandatory Travel Insurance: You are required to purchase international travel protection insurance from other sources to cover trip cancellation and all other related cost. Emergency transportation of the policy must be at least \$500,000. Cost of coverage varies based on age and medical conditions.(Please contact Allianz Travel or similar travel insurance companies)

Condition and terms:

Deposit and Final Payment: Your reservation will be confirmed upon receipt of your deposit of \$800.00 by January 15, 2020 and final payment balance is due March 8, 2020. Note: Final trip cost is subject to change based on the USD-RMB exchange rate on June 1, 2020 and visa application cost of March 8, 2020. (Exchange rate on October 15, 2019: 1USD=7.13 RMB) **USA in-country transportation:** not covered by tour fare. Participants should arrange their own transportation to catch the JFK non-stop flight to China. **Cancellation penalty:** Prior to February 1: No penalty of deposit • February 1 to March 8: \$800 • March 9-April 15: 80% of tour cost • After April 15: 100% of tour cost. **Proof of US Citizenship and visa application:** This tour requires a current passport and a visa to enter China. Your current passport must be valid through February 1 of 2021 and sent to the address listed below with two current 2x2 passport color photos for visa application. Your visa-processing fee is included in the tour fare and the original passport will be returned with a Chinese visa by March 28, 2020. **Non U. S. Citizens** are responsible to fulfill appropriate entry requirements of China and the USA. Contact your consulate office for requirements. **Health condition:** Participant's family doctor's approval for international travel in June will be required by late May 2020. In case of a major health issue during the trip, the trip insurance' evacuation plan will cover the transportation cost for the participant to travel back home without interrupting the trip schedule. **International health insurance:** Travelers must provide proof of international health coverage. **Single supplement:** Double occupancy hotel rooms are included and optional single rooms are available with a supplement payment of \$1100 per room.

Responsibility: UD and faculty volunteer touring directors cannot be held responsible, in the absence of their own gross neglect, for events over which they have no control, nor for acts and omissions by persons, companies or agencies, including hotels, airlines, restaurants, sea and land transportation companies, which are not directly controlled by UD and faculty touring directors.

My signature below verifies that I understand that I may purchase travel protection insurance from other sources. I also have read and understand the conditions and terms as stated above.

Signature required Date _____

Signature required (second passenger) Date _____

1. **Complete this reservation form, sign and return it with the following items by January 15, 2020:**

- Your deposit (check only and payable to the **University of Delaware**)
- Your signed and dated **China Visa Application Form**
- **A photocopy of your China Visa Application Form**
- Copy of the first 2 pages of your passport(s) (passport must be valid through February 1 of 2021)*
- Two current 2x2 passport style color photos for each traveler (not copies of your passport)
- Copy of insurance card and document proofs international health coverage for each traveler valid through July 10, 2020 (ask your insurance company to provide the information)

- **We need your original passport by March 8, 2020 (Your original passport will be returned with a Chinese visa by March 28, 2020)**

Return address:

Renee Dong, volunteer faculty director
UD Special China Program
26 Oklahoma State Dr.
Newark, DE 19713
302.981.7832

Other questions, please contact China trip faculty director at
rdong@udel.edu