

Join Us on a Trip to *New York City*

September 26-29, 2014

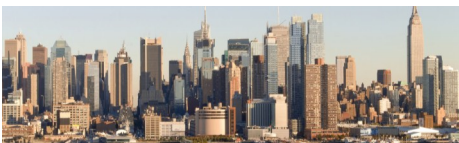
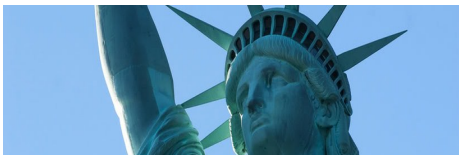
WHO: Women of all ages!

WHAT: Shopping, dining, coffee, the 9/11 Memorial, sight-seeing, and a Broadway show!

WHEN: Sept. 26-29, 2014

WHERE: New York City

COST: \$1,995



Highlights Include:

- A Broadway Show
- Ferry ride to Ellis Island & Statue of Liberty
- Top of the Empire State Building
- Round trip airfare from Billings, MT to New York City
- Excellent Manhattan hotels based on double occupancy
- All ground transportation
- Dedicated tour director for the duration of trip
- Convenient monthly payment schedule

For more information please call Brian at Global Travel Alliance
406-206-0550 or stop by our office at 1645 Parkhill Drive, Suite 1

To sign up online, visit globaltravelalliance.com/enrollment
Group Leader Last Name: **Billings NYC 2014** Trip ID: **5346**

New York City

September 26-29, 2014

Details	Destination: New York City Dates: September 26-29, 2014
Registration	Registration Due: May 4th, 2014 (limited space) Amount Due at Registratin: \$200 per person (non-refundable)
Global Travel Alliance	www.GlobalTravelAlliance.com 406-206-0550 1645 Parkhill Drive Suite 1
Pricing & Payment Information	Price includes the \$200 per person non-refundable deposit Price Per Person: \$1,995 based on double occupancy Rooming Supplements: Single \$350 Payments: The trip must be paid in full by July 4th, 2014
Inclusions	A Broadway Show, ferry ride to Ellis Island & Statue of Liberty, top of the Empire State Building, round trip airfare from Billings, MT to New York City, excellent Manhattan hotels based on double occupancy, all ground transportation, breakfast daily and one group dinner, dedicated tour director for the duration of trip, convenient monthly payment schedule
Exclusions	Meals other than specified Personal Expenses

Full Legal Name _____	Date of Birth ____/____/____	Male___	Female___
Additional Registrant _____	Date of Birth ____/____/____	Male___	Female___
Mailing Address _____	City _____	State ___	Zip _____
Any Medical Conditions/Medications _____			
Home Phone (____) ____-____ Work Phone (____) ____-____			
Emergency Contact & Phone _____ Email _____			
Signature _____ Date ____/____/____			

By signing, you agree to the General Terms & Conditions and Release Agreement which are available upon request.

