

Securities & Insurance Licensing Association

Optional Tour Registration Form • October 3 - 6, 2010 • Jacksonville, FL

RESERVATIONS MUST BE RECEIVED BY: Friday, September 17, 2010

PLEASE RETURN TO:

PRA Destination Management
8810 Commodity Circle, Suite 28
Orlando, FL 32819

- Make checks payable to: PRA
- You may fax this form to: 321.319.0819 if paying with credit card
- If you have questions, please call: 321.319.0818

PRE-REGISTRATION DEADLINE • Deadline for tour pre-registration is Friday, September 17, 2010. Registrations received after the deadline will incur the \$3.00 per ticket on-site fee.

TERMS AND CONDITIONS • This tour is under the professional guidance of PRA Destination Management. The listed tour description is representative of the tenor of the tour. PRA reserves the right to alter the order in which sites are visited and provide equitable substitutions when necessary as well as to cancel a tour if a minimum number is not met or if an attraction becomes unavailable for reasons beyond its control. If an insufficient number of persons sign up for this tour and it is cancelled, a full refund will be issued. Spouse/Guest cancellation of any tour prior to September 17, 2010, must be in writing. Refunds will be processed within 30 days of the end of the meeting and will be returned minus a \$10.00 administration cancellation fee. Cancellations received after September 17, 2010 will result in full forfeiture of all money received. No refunds will be issued on-site.

TOUR DEPARTURE INFO • This tour departs from the Hyatt Regency Jacksonville Riverfront Hotel. Please arrive at least 15 minutes before the scheduled departure time to allow for boarding. Tours depart on time. There are no refunds for missed tours.

Name: _____ Email: _____

Address: _____ City: _____

State: _____ Zip: _____ Daytime Phone: _____

Hotel at conference: _____ Emergency Contact: _____

Saturday, October 2, 2010

12:00 PM – 6:00 PM • **Experience St. Augustine**..... Tickets @ \$45 _____

METHOD OF PAYMENT • Total Amount Due: _____

Check Enclosed (\$USD) Visa MasterCard American Express

Credit Number _____ Exp. Date _____

Print Name on Card: _____ Signature: _____

LIABILITY WAIVER • I/we agree and acknowledge that I/we are undertaking such participation in tours, events and activities of my/our own free will and intentional act and I/we are aware that possible physical injury might occur to me/us as a result of my participation in these tours, events and activities. I/we give this acknowledgement freely and knowingly and certify that I/we are, as a result, able to participate in these tours, events and activities and do hereby assume responsibility for my/our own well-being. I/we also agree not to allow any other individual to participate in my/our place(s).

Signature: _____ Date: _____