



Southern Traditions

Memphis, Tennessee & Huntsville, Alabama

April 28 – May 3, 2017

Payment Information

Passenger Name (1): _____

Passenger Name (2): _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

Room Selection (All Pricing is Per Person)

- | | |
|---------------------|---------------------------|
| _____ \$1699 Double | Optional Insurance: \$115 |
| _____ \$1589 Triple | Optional Insurance: \$115 |
| _____ \$1519 Quad | Optional Insurance: \$115 |
| _____ \$2299 Single | Optional Insurance: \$145 |

Optional Cancellation /Interruption Insurance

Cancellation/Interruption Insurance is available. If this optional insurance is purchased with your initial deposit, all pre-existing medical conditions will be waived. This insurance will fully reimburse you (less premium) in the event of your cancellation due to illness/injury/death of yourself/traveling companion/family member. Park National Corporation including all affiliates will not be responsible for reimbursement in the event of cancellation should you choose not to purchase this insurance.

_____ Yes, I/we wish to purchase this insurance _____ No, I/we decline purchasing this insurance

Cancellation Policy: Cancellations received prior to February 10, 2017 will incur no penalty. Cancellations made on or after February 10, 2017 will be non-refundable.



Deposit

- An initial deposit of **\$300 per person** plus insurance premium are due with your reservation.
- Final payment will be due **February 10, 2017**.

____ Enclosed is my check payable to the Bank.

____ Please deduct the requested payment from my bank account.

Checking # _____

Savings# _____

____ Please charge my deposit to my Visa or MasterCard.

VISA/MC Account Number

Exp. Date

CVV#
(3 digit on back
of card)

Signature