

January 31-February 7, 2015

Maroma Resort and Spa, Rivera Maya, Mexico

Trip Cost and Details

For Two: \$5,360 (DELUXE ROOM, AIR FARE, TRANSFERS, FULL BREAKFAST DAILY, includes taxes/service charges).
 Single : \$4,660 (ROOM, AIR FARE, TRANSFERS, FULL BREAKFAST DAILY includes taxes/service charges)

- Complimentary use of tennis courts and raquets
- 10% discount on spa treatments
- Complimentary use of fitness center
- Free WiFi throughout
- Nightly turndown service with aromatherapy
- Complimentary morning coffee, tea, hot chocolate service at your door

Package will be reserved for you upon receipt of a \$2,500 non-refundable deposit on or before **July 15, 2014**. Balance is due by **October 15, 2014**. Since this is a package price, room and air will not be sold separately.

Travel Insurance

Strongly recommended to cover trip cancellation and interruption. Travel insurance may be obtained: (Travelguard) www.travelguard.com (Access America) www.accessamerica.com

Questions

Contact Judith A. O'Donnell at (248) 593-6633 or jaodonnell@comcast.net

Registration

Double occupancy package—\$5,360 ... _____

Single occupancy package—\$4,660 ... _____

Seminar Fee (inc. 1 full day excursion)\$250 x ____ = _____

Companion Excursion\$140 x ____ = _____

TOTAL COST..... \$ _____

Less *non-refundable* deposit (Due July 15) – **\$2,500**

BALANCE DUE (Due Oct 15) \$ _____

****ALL PERSONS SHARING A ROOM MUST USE ONE REGISTRATION FORM AND INCLUDE ENTIRE DEPOSIT WITH FORM****

Under the TSA regulations, all airlines are required to request and collect the following Secure Flight Passenger Data: Full name (as it appears on government-issued I.D. approved for use when traveling); Date of birth; and Gender

*******YOU MUST USE THE FOLLOWING FORMAT (REQUIRED BY THE AIRLINES) WHEN YOU FILL OUT THIS FORM*******

Last/First Middle /Birthdate/Gender **Example: Jones/JohnAllen/04JUL77/M**

Name: _____

Cell Phone: (_____) _____

Home Phone: (_____) _____

E-mail Address: _____

Family Law Section Winter Conference 2015 Payment Information

Enclosed please find a check or debit/credit card authorization form, which represents a non-refundable deposit of \$2,500. I understand that by remitting this deposit that I am contracting to purchase this trip and that I am obligated to pay the entire balance due whether I attend the conference or not. I acknowledge that I have been strongly advised to obtain travel insurance for trip cancellation.

P# _____

Please bill my: Visa MasterCard for \$ _____

Name: _____

Debit/Credit Card Number _____ Expiration Date _____

Address: _____

Please print name as it appears on debit/credit card

City: _____ State: _____ Zip: _____

Please make check payable to: STATE BAR OF MICHIGAN
 Enclosed is check # _____ for \$ _____

Authorized Signature _____