

# 2010 DeafNation World Expo

## ULTIMATE Vacation Package

Many options! 3 or 6 nights.  
Transfers to expo and events included!  
All-you-can eat all day, EVERY DAY!  
Blue Man Show (AWESOME visual for deaf)  
Drawing for \$1,000 vacation!  
And much, much more!!!

Visit

[asldreamteam.com](http://asldreamteam.com)

For details and ASL video!

Circus Circus hotel includes  
24-hour circus shows and Adventuredome

Blue Man Group

60 members will  
receive front row  
"poncho" seating!

### 3-night-option

Per person, based on double occupancy

**Hotel** ----- for 3 nights! -----\$56.68

Kids under 18 free. 4 people per room ok.

**Welcome Dinner** (optional) -----\$51.70

Includes entry into \$1,000 vacation drawing  
Includes meal, drink, dessert, tax, gratuity.

**Daily Buffet** (optional) ----- \$40.00

All day Mon-Tues. Children 4-12 \$30.00.

**Blue Man Group show** (optional) ----\$71.50  
Regular price \$101.85

**Transfers** during vacation (optional) \$25.00  
Includes transfers to and from expo and  
hotel, as well as Blue Man Group and  
Fremont experience.

**TOTAL VACATION** -----**\$244.88**  
(Includes Taxes) Per person

Wheelchair and ADA rooms available by  
request. Please check if needed on the  
registration form. A pre-registration fee of  
\$50.00 per person is required to reserve.  
Space is limited.

### 6-night-option

Per person, based on double occupancy

**Hotel** ----- for 6 nights! -----\$137.42

Kids under 18 free. 4 people per room ok.

**Welcome Dinner** (optional) -----\$51.70

Includes entry into \$1,000 vacation drawing  
Includes meal, drink, dessert, tax, gratuity.

**Daily Buffet** (optional) -----\$100.00

All day Mon-Fri. Children 4-12 \$75.00

**Blue Man Group show** (optional) ---\$71.50  
Regular price \$101.85

**Transfers** during vacation (optional)\$45.00  
Includes transfers to and from expo and  
hotel, as well as Blue Man Group and  
Fremont experience.

**TOTAL VACATION** -----**\$405.63**  
(Includes Taxes) Per person

Wheelchair and ADA rooms available by  
request. Please check if needed on the  
registration form. A pre-registration fee of  
\$50.00 per person is required to reserve.  
Space is limited.

### VACATION SCHEDULE

<b>Sun</b>	<b>5pm Welcome Dinner</b> <b>6pm Vacation drawing</b> <b>7pm Presentation</b> <b>9pm Fremont street</b>
<b>Mon</b>	<b>Expo</b> <b>Deaf events nightly</b>
<b>Tue</b>	<b>Expo</b> <b>7pm Blue Man Show</b>
<b>Wed</b>	<b>Expo</b> <b>Deaf events nightly</b>
<b>Thu</b>	<b>Expo</b> <b>Deaf events nightly</b>
<b>Fri</b>	<b>Expo</b> <b>Deaf events nightly</b>

**WOW!**

# Deaf World Expo **ULTIMATE** Vacation Package

**WOW!**

Join ASL Dream Team to be eligible for Front Row tickets - Blue Man Group! Contact us to find out how

Use this form to register for Complete Vacation Package.

Or customize your vacation available on next page.

**Limited availability.** Pre-register today for only \$50.00 to guarantee your spot, and ADA equipment.

Refer people that reserve 15 rooms and get your room for FREE!\*\* Contact us to find out how

## Complete Package Options

3-Night option. July 18-21

Complete this form on your computer!

6-Night option. July 18-24

### I want the complete vacation package!

West Tower (2 persons) -----\$ 594.63

Skyrise (2 persons) -----\$ 489.76

Add children ages 4-12 at \$143.00/each

1  2 \$ \_\_\_\_\_

Add children ages 13-17 at \$154.00/each

1  2 \$ \_\_\_\_\_

(Meal provided at welcome dinner for children under 18. Max 4 persons per room. Submit additional form to add another room. Min age 21 to reserve a room)

Add adults ages 18+ at \$233.20/each

1  2 \$ \_\_\_\_\_

(Maximum 4 persons per room.)

**Total** ----- \$ \_\_\_\_\_

Includes all taxes

We require ADA room (Door/Bed alarm)

We require wheelchair accessible room

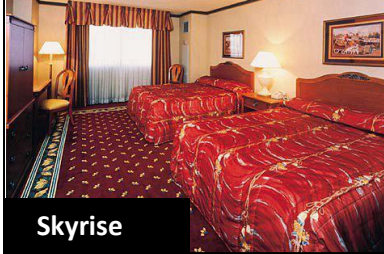
Bed:  1 King  2 Full Smoking: Yes No

Complete package includes:

- Hotel room, taxes, transfers to expo and events
- Welcome Dinner, raffle tickets for Vacation drawing
- Blue Man Group Ticket
- All-you-can-eat buffet all day, Mon-Tues



West Tower



Skyrise

Your name

First

Last

Who referred you?

First

Last

### I want the complete vacation package!

West Tower (2 persons) -----\$ 905.81

Skyrise (2 persons) -----\$ 811.26

Add children ages 4-12 at \$203.00/each

1  2 \$ \_\_\_\_\_

Add children ages 13-17 at \$233.00/each

1  2 \$ \_\_\_\_\_

(Meal provided at welcome dinner for children under 18. Max 4 persons per room. Submit additional form to add another room. Min age 21 to reserve a room)

Add adults ages 18+ at \$358.20/each

1  2 \$ \_\_\_\_\_

(Maximum 4 persons per room.)

**Total** ----- \$ \_\_\_\_\_

Includes all taxes

We require ADA room (Door/Bed alarm)

We require wheelchair accessible room

Bed:  1 King  2 Full Smoking: Yes No

Complete package includes:

- Hotel room, taxes, transfers to expo and events
- Welcome Dinner, raffle tickets for Vacation drawing
- Blue Man Group Ticket
- All-you-can-eat buffet all day, Mon-Fri

## Choose your payment option

I am an ASL Dream Team member and want to be in the drawing for front row tickets at the Blue Man Group show!

60 seats in the first 3 rows available.

Rules: Must be ASL Dream Team member and have paid for the show in order to qualify for the drawing. If chosen, all persons on your booking form will join you up front!

Pay in full today \$ \_\_\_\_\_

Payment plan

\$50.00 per person today

25% of total paid on March 1, 2010

25% of total paid on May 3, 2010

Remaining balance paid on June 1, 2010

### Questions?

Contact us at

[info@asldreamteam.com](mailto:info@asldreamteam.com)

**Fax this form along with the Group Booking Form (last page) to complete your registration.**

**REQUIRED** – I have read and agree to the terms and conditions of this **ULTIMATE** vacation.

#### TERMS and CONDITIONS

**Registration:** You must be registered and fully paid for your vacation no later than June 1, 2010. If choosing "payment plan" option, your credit card will be debited for your payments on the dates listed above. Must be 21 or older to reserve hotel room.

**Cancellation Policy:** No refund on pre-registration fee \$50.00 per person. Cancellations made by May 5, 2010 will receive 25% refund on monies paid. Cancellations made by June 1, 2010 will receive 50% refund on monies paid. No refunds if cancelled after June 1, 2010. Refunds are subject to additional \$30.00 cancellation fee. Rovia LLC and ASL Dream Team reserve the right to change and amend the terms and/or fees for this event if there is a change to tax or food costs. You will be informed via email 48 hours prior to any additional charge to your preferred payment method.

\* The \$1,000 will be payable toward any future Rovia DreamTrip vacation booked by winner. To qualify, you must pay pre-registration fee of \$50.00 per person by May 3, 2010, plus pay for and attend welcome dinner. Must be DreamTrip/ASL Dream Team member to qualify. Contact the person who invited you to get your membership today!

\*\* Refer your friends and save \$\$! If 15 rooms are booked through your referral you will receive your room for free. Refunded towards the cost of your vacation on or before the scheduled vacation. Only applicable to DreamTrip/ASL Dream Team members. Contact the person who invited you to get your membership today! For West Tower, you will receive a discount of \$358.47 for 6 nights, or \$154.03 for 3 nights, if 15 rooms of equal value are purchased via your referral as indicated on submitted registration forms. For Skyrise, you will receive a discount of \$240.86 for 6 nights, or \$93.55 for 3 nights, if 15 rooms of equal or greater value are purchased via your referral as indicated on submitted registration forms.

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Join ASL Dream Team to be eligible for Front Row tickets - Blue Man Group! Contact us to find out how

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Refer people that reserve 15 rooms and get your room for FREE!\*\* Contact us to find out how

## Customize your vacation

Complete this form on your computer!

3-Night option. July 18-21

6-Night option. July 18-24

<p><b>Hotel Rooms</b></p> <p><input type="checkbox"/> West Tower (2 persons) -----\$ 164.52</p> <p><input type="checkbox"/> Skyrise (2 persons) -----\$ 113.35</p> <p>Add children ages under 18 FREE <input type="checkbox"/>1 <input type="checkbox"/>2</p> <p>Add adults ages 18+ at \$45.00/pp <input type="checkbox"/>1 <input type="checkbox"/>2</p> <p>Bed: <input type="checkbox"/>1 King <input type="checkbox"/>2 Full <b>Room total \$</b> _____</p> <p>(Max 4 persons per room. Submit additional form to add another room. Min age 21 to reserve a room)</p> <p><input type="checkbox"/> Welcome dinner \$51.70/18+ \$15.14/child Adults ____ Children ____ <b>Total \$</b> _____</p> <p><input type="checkbox"/> Daily Buffet \$40/13+ \$30/under 13 yrs Adults ____ Children ____ <b>Total \$</b> _____</p> <p><input type="checkbox"/> Blue Man Group Show \$71.50/pp Adults ____ Children ____ <b>Total \$</b> _____</p> <p><input type="checkbox"/> Transfers to expo and events \$25/pp Adults ____ Children ____ <b>Total \$</b> _____</p> <p>All taxes included <b>Total vacation</b> ----- \$ _____</p> <p>Bed: King Full Smoking: Yes No</p> <p><input type="checkbox"/> We require ADA room (Door/Bed alarm)</p> <p><input type="checkbox"/> We require wheelchair accessible room</p>	 <p><b>West Tower</b></p>  <p><b>Skyrise</b></p> <p>Your name</p> <p>First _____</p> <p>Last _____</p> <p>Who referred you?</p> <p>First _____</p> <p>Last _____</p>	<p><b>Hotel Rooms</b></p> <p><input type="checkbox"/> West Tower (2 persons) -----\$ 369.10</p> <p><input type="checkbox"/> Skyrise (2 persons) -----\$ 274.84</p> <p>Add children ages under 18 FREE <input type="checkbox"/>1 <input type="checkbox"/>2</p> <p>Add adults ages 18+ at \$90.00/pp <input type="checkbox"/>1 <input type="checkbox"/>2</p> <p>Bed: <input type="checkbox"/>1 King <input type="checkbox"/>2 Full <b>Room total \$</b> _____</p> <p>(Max 4 persons per room. Submit additional form to add another room. Min age 21 to reserve a room)</p> <p><input type="checkbox"/> Welcome dinner \$51.70/18+ \$15.14/child Adults ____ Children ____ <b>Total \$</b> _____</p> <p><input type="checkbox"/> Daily Buffet \$100/13+ \$75/under 13 yrs Adults ____ Children ____ <b>Total \$</b> _____</p> <p><input type="checkbox"/> Blue Man Group Show \$71.50/pp Adults ____ Children ____ <b>Total \$</b> _____</p> <p><input type="checkbox"/> Transfers to expo and events \$45/pp Adults ____ Children ____ <b>Total \$</b> _____</p> <p>All taxes included <b>Total vacation</b> ----- \$ _____</p> <p>Bed: King Full Smoking: Yes No</p> <p><input type="checkbox"/> We require ADA room (Door/Bed alarm)</p> <p><input type="checkbox"/> We require wheelchair accessible room</p>
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# Rovia Group Booking Form



## Rovia Referring Travel Agent Information

Full Name (Last, First) Jason Steinbach	Representative ID#: 947622
RTA website address (URL): steinbach.rovia.com	Phone: VP (320) 356-5232 voice (612) 760-7758

## Traveler Information

Full Name (Last, First, Middle) <b>Note: Name must match passport exactly for international travel.</b>		Date of Birth (MM/DD/YY) (must be 18):	
Address (NO P.O. Box):		Address 2:	
City:		State:	Zip:
Phone:	Mobile:	<b>Group Leader Name (required):</b> ASL Dream Team, Jason Steinbach	
Email:			

### Trip Information:

Trip Name/Destination: Deaf World Expo ULTIMATE Vacation Dates: July 18, 2010

Trip Code (if assigned): 11117/12911

Your Departure City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Traveler(s) (spouse, partner, children or others sharing accommodations):

Name (Last, First)	Date of Birth (MM/DD/YY)	Price
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Other requests: \_\_\_\_\_

<b>Payment</b>	Card Type: <input type="checkbox"/> M/C <input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> DISCOVER
	Trip Cost: _____ Number of Travelers: _____ Total Cost: _____ **
	Name on Card: _____ Credit Card#: _____
	Exp. Date: _____ / _____ 3-Digit CV2 Code: _____ Billing Phone Number: _____
	Billing Address: _____
	City: _____ State: _____ Zip: _____
Authorized Signature: _____ Date: _____	

I understand that all sales are final. Once payment is applied to booking, penalties may apply. There is a \$30 per person cancellation fee in addition to any penalties or fees assessed by the vendor/supplier used by Rovia. Cancellation deadlines and refund policies are determined by the travel supplier/vendor. I will be informed of such policies by Rovia at the time of booking. I authorize Rovia, LLC to charge my credit card identified above for all orders selected above. Complete form and Fax to: 972.805.5222.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Internal Use Only

**FAX TO: FRANCES HINER at 1.972.805.5222**

or scan to your computer and email to: [vacation@asldreamteam.com](mailto:vacation@asldreamteam.com)