



TRAVELER NAME CHANGE REQUEST FORM

Before you sell your space on the trip, please be aware that your name change request must first be approved before any change can take place. Please complete and sign the form, then email it back to info@istours.com (mail is not recommended). Once received, a Customer Relations Agent will review your form and contact all travel departments (air, hotel, etc.) regarding availability, before they can inform you whether your request has been approved or not.

Name changes will not be permitted within 2 weeks of your listed travel date – No Exceptions!

ORIGINAL/CURRENT TRAVELER'S INFORMATION (please print legibly):

Full Name:			Traveler ID:			Group Name:		
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Nonbinary <input type="checkbox"/>	Traveler Cellphone #:			Parent/Guardian Phone #:		

Per the Tour Participant Agreement, you originally signed, Name Changes are only permitted depending on the air carrier and/or the hotel and on an approval basis. If the name change is approved and the name change does not interfere with current rooming arrangements, the name change fees are as follows:

\$25.00 change fee, if changed *BEFORE* the Final Payment Date / \$100.00 PLUS any additional airline fees if change occurs *AFTER* the Final Payment Deadline.

Agreement: The traveler agrees, by their signature below, that GradWeek is authorized to change their reservation to indicated to the cardholder's credit card identified above. There will be a \$10 non-refundable service charge added to the travelers account for each declined transaction. I wish to transfer my account and space on the trip to the individual named below. I also understand that it is my sole responsibility to collect any funds due to me from the new person indicated below. Additionally, I acknowledge that the transfer fee outlined above must accompany the payment on this request form and will be added to the existing account. I understand that if the name change causes conflicts in the rooming arrangements, GradWeek may not be able to approve the Name Change. If this name change creates a Co-Ed situation with rooming, all parties, including parents, need to be in agreement or additional occupancy fees for alternate rooming arrangements may be added. I also understand that the trip insurance included in the trip package is non-transferable and non-refundable. The traveler taking over the reservation will need to purchase their own travel insurance for this trip.

Signature of Original Traveler:	Date:	Parent Signature of Original Traveler:	Date:
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NEW TRAVELER'S REGISTRATION INFORMATION (Please print legibly and completely with LEGAL Name):

Male Female

First:	Middle:	Last:
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*** If traveling to Mexico or Bahamas, as listed on Valid Passport. If traveling to Hawaii, as listed on your Driver's License or Government issued REAL I.D. ***

Mailing Address:	City:	State:	Zip:
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D.O.B.: / /	Traveler Email Address:	Parent Email Address:
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Group Name:	Traveler Contact No:	Parent Contact No:
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*** I have read, understand and agree to the Tour Participant Agreement on the GradWeek Brochure. I understand that I am required to have the specified Travel Documents in order to travel to Mexico or to the Bahamas. Non-U.S. citizens need to contact either the Mexican Consulate or the Bahamas Consulate to confirm entry documentation requirements. I also understand it is my responsibility to reimburse the original participant directly for any monies they paid toward the trip and that any remaining balance is due in the office by February 22nd. I understand the above fees are applicable depending on the date of the transfer. I also understand I am responsible for any remaining balance on this account and/or any additional fees (i.e., occupancy fees for rooming, NSF fees, etc.) and must be paid prior to departure. ***

Signature of New Traveler:	Date:	Parent Signature of New Traveler:	Date:
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FORM OF PAYMENT: Check or Money Order Enclosed \$ _____ - **OR** Charge Credit Card: Visa MC UnionPay

Please Note: We are no longer able to accept American Express or Discover Cards. We apologize for the inconvenience.

Cardholder Name:				Card Holder's Signature:				\$ Amount Authorized:																	
Credit Card Number: <table border="1" style="width:100%; text-align:center;"> <tr> <td style="width:25px;"> </td><td style="width:25px;"> </td><td style="width:25px;"> </td><td style="width:25px;"> </td> <td style="width:25px;"> </td><td style="width:25px;"> </td><td style="width:25px;"> </td><td style="width:25px;"> </td> <td style="width:25px;"> </td><td style="width:25px;"> </td><td style="width:25px;"> </td><td style="width:25px;"> </td> </tr> </table>																				Exp Date:		CVC #:		C/C Billing ZIP:	