## TRAVEL WITH MOM



## PRICE PER PERSON:

DOUBLE OCCUPANCY: \$2,395
SINGLE:
\$2,995
OPTION 2: ADD \$1,195 FOR AMSTERDAM

## ANNOUNCES

PARIS \& AMSTERDAM
OPTION 1: July 8-13, 2025 PARIS
OPTION 2: July 8-17, 2025 PARIS AND AMSTERDAM

## TRIP INCLUDES-

- Roundtrip airfare
- First Class Hotel

Roundtrip transfers between airport and hotel
Tours: Black History Tour of Paris, City Tour of Paris, including Eiffel Towers
City Tour and Black History Tour of Amsterdam
(Amsterdam is one of the prettiest cities in the world, noted for nightlife activities)
Scenic Train Ride from Paris to Amsterdam


PASSPORT REQUIRED!

## PAYMENT PLAN:

Deposit of $\$ 350$ per person is due N $O W$
2nd Payment of $\$ 300$ per person is due May 25, 2024
3rd Payment of $\$ 300$ per person is due September 14, 2024
4th Payment of\$300 per person is due January 25, 2025
Balance is due March 1, 2025
Deposit is nonrefundable after December 15, 2024

> Zelle: (202) 288-1680
> Ifpaying by Zelle, email:
> beblessed48@aol.com with information.

Credit Cards may be used after the first deposit is paid. There is a 2.1 percent surcharge on credit cards. Travel Insurance is available and strongly recommended. Airfare is subject to fuel surcharges; price is based on curent airfare

## FOR FURTHER INFORMATION CONTACT: (202) 288-1680 <br> http://www.travelwithmom.com

MAKE AND MAIL CHECKS OR MONEY ORDERS TO: TRAVE WTH MOM
PO BOX 1623, WASHINGTON, DC 20013

RESPONSIBILTY: TRAVEL WITH MOM (TWM) ASSUMES NO LIABILTY FOR, AND THE PASSENGER AGREES THAT (TWM) SHALL NOT EE RESPONSIBLE OR LIABLE FOR ANY WAIVERS OR CLAIMS AGAINST THEM ARISING OUT OF (A) ANY DAMAGE, ACCIDENT, OR INJURY WHICH RESULTS FROM, OR OCCASIONED BY, AND DEFECT OR ACTS OR FAILURE TO ACT OF ANY TRANSPORTATION COMPANY N CONVEYING THE PASSENGER, MECHANICAL FAILURES, OR STRIKES AFFECTING THE TRANSPORTATION OR (B) ANY OTHER CAUSE OR FACTOR, OF WHATEVER NATURE BEYOND TRAVEL WITH MOM CONTROL. (THE AIRLINE/BUS INSURES ALL PASSENGERS. $\$ 30.00$ CHARGE FOR ALL RETURNED CHECKS. RATES BASED ON CURRENT AIRFARE SUBJECT TO A FUEL SUR-CHARGE.

RETURN THIS STUB WITH YOUR DEPOSIT

NAME $\qquad$ (DOB)
ADDRES $\bar{S}$
PHONE (H) $\qquad$ (W)

ROOMMATE(S) $\qquad$ (DOB)
EMAIL:

PARIS AND AMSTERDAM ROOM TYPE . . .
Option 1 $\qquad$ _
Option 2

