Tour Registration Form

General Information

- Register early to confirm your reservation. Pre-paid tickets will be available for pick up at the tour desk located in the Shaklee Registration Area at the Morial Convention Center. If you do not arrive in New Orleans in time to pick up your tour tickets, come directly to Hall C for the tour. If ordered online, your confirmation email can be used as your ticket.
- Deadline for pre-registration for optional tours July 31, 2008. Onsite registration will be accommodated subject to space availability.
- Shaklee Optional Tours depart from Morial Convention Center, Hall C. Drop offs will be at individual hotels on the Shaklee Shuttle Route.
- Full payment must accompany registration form. Checks and money orders, in U.S. funds, made out to BBC: Bonnie Boyd & Co. will be accepted in addition to Visa, MasterCard, and American Express credit cards.
- Refunds, less 10% handling charge, will be made upon receipt of written request prior to July 31, 2008, for all optional tours. No refunds will be issued after July 31, 2008. After July 31, limited onsite registration will accommodated subject to space availability.
- BBC Destination Management reserves the right to cancel a tour with full refund, if the passenger minimum per motor coach is not met.
- If you would like to receive a confirmation, include email address or please send a self-addressed, stamped envelope with your Registration Form. Please allow 8 days for processing. No pre-registrations will be processed after July 31, 2008.
- A completed and signed tour registration form must be mailed or faxed to BBC Destination Management. Tours may not be reserved by telephone.

Tour Options

Day/Date	Time	Tour	# Tickets	Cost	Total
Wednesday, August 6, 2008	12:30pm-5:30pm	River Road Restoration	_____ tickets	@ $72 adult, $50 child	$_____
Wednesday, August 6, 2008	1:00pm-5:00pm	Crescent City Tour with Katrina Highlights	_____ tickets	@ $35	$_____
Wednesday, August 6, 2008	1:00pm-5:00pm	Monumental Museums Tour	_____ tickets	@ $50	$_____
Wednesday, August 6, 2008	1:30pm-4:30pm	French Quarter Walking Tour	_____ tickets	@ $28	$_____
Wednesday, August 6, 2008	1:30pm-4:30pm	Swamp Tour	_____ tickets	@ $57 adult, $47 child	$_____
Wednesday, August 6, 2008	6:30pm-10:00pm	New Orleans School of Cooking	_____ tickets	@ $65	$_____
Wednesday, August 6, 2008	6:30pm-10:30pm	Fais Do Do on the Bayou	_____ tickets	@ $135	$_____
Wednesday, August 6, 2008	6:30pm-10:30pm	Dickie Brennan's Restaurants Showcase	_____ tickets	@ $130	$_____
Friday, August 8, 2008	6:30pm-10:00pm	New Orleans School of Cooking	_____ tickets	@ $65	$_____
Friday, August 8, 2008	6:30pm-10:30pm	French Quarter Dining and Music Stroll	_____ tickets	@ $93	$_____
Saturday, August 9, 2008	12:30pm-5:30pm	River Road Restoration	_____ tickets	@ $72 adult, $50 child	$_____
Saturday, August 9, 2008	1:00pm-5:00pm	Airboat Tour	_____ tickets	@ $85	$_____
Saturday, August 9, 2008	1:00pm-5:00pm	Crescent City Tour with Katrina Highlights	_____ tickets	@ $35	$_____
Saturday, August 9, 2008	1:30pm-5:00pm	New Orleans School of Cooking	_____ tickets	@ $65	$_____

Name:_____

Address:_____

City/State/Zip:_____

Daytime Phone:_____

Evening Phone:_____

Hotel while in New Orleans:_____

Payment Method (Circle One):

Check Visa M/C Amex

Card #:_____

Exp:_____

Signature of Card Holder:_____

Email Address:_____

Please note any special needs you have:_____

_____

Please complete this form and send with check or money order made out BBC Destination Management or credit card information to:

Shaklee Tour Program
c/o BBC Destination Management
832 Baronne Street, 2nd Floor
New Orleans, LA 70113
Phone: (504) 523-9700 Fax: (504) 523-9753

Liability Waiver

I/we agree and acknowledge that I/we are undertaking such participation in tours, events and activities of my/our own free will and intentional act and I/we are aware that possible physical injury might occur to me/us as a result of my participation in these tours, events and activities. I/we give this acknowledgement freely and knowingly and certify that I/we are, as a result, able to participate in these tours, events and activities and do hereby assume responsibility for my/our own well-being. I/we also agree not to allow any other individual to participate in my/our place(s).

Signature: _____ Date: _____