

AMERICA'S GETTING INTO TRAINING

FORM 92

3:609:608

more and more everyday with your Travel Agent.

I ACKNOWLEDGE RECEIPT OF TICKET(S) AND/OR COUPONS FOR RELATED CHARGES DESCRIBED HEREON. PAYMENT IN FULL TO BE MADE WHEN BILLED IN ACCORDANCE WITH STANDARD POLICY OF COMPANY ISSUING CARD AND AS REFLECTED IN APPLICABLE TARIFFS.				ENDORSEMENTS				CHARGES PAID				AMTRAK CHARGE FORM			
NAME OF PASSENGER: _____ NOT TRANSFERABLE				RESERVATION NUMBER: _____				ADULT(S) OR HEAD OF FAMILY: _____ NO. _____ FARE _____				NATIONAL RAILROAD PASSENGER CORPORATION WASHINGTON, D.C. 20001 ANY ALTERATION INVALIDATES THIS TICKET			
NOT VALID BEFORE: _____ NOT VALID AFTER: _____				ORIGIN: _____ DESTINATION: _____				SPOUSE OR CHILD 12-21 INC.: _____							
SOLD WITH (FORM & NUMBER): _____ EXCHANGED FOR (FORM & NUMBER): _____				CHECK IF: <input type="checkbox"/> OW <input type="checkbox"/> RT <input type="checkbox"/> 1/2 <input type="checkbox"/> FAMILY PLAN				CHILDREN 2-11 INC.: _____				DATE AND PLACE OF ISSUE: _____ APPROVAL CODE: _____			
FROM: _____ NOT GOOD FOR PASSAGE: _____				CARRIER: _____ CLASS: _____ ACCOM: _____				ACCOMMODATIONS/OR RSVD. SEAT: _____							
TO: _____				CAR: _____ TIME: _____ DATE: _____				OTHER: _____				FORM OF PAYMENT (CIRCLE ONE): CA CK AX VISA CB CDC MC OTHER			
TO: _____				PROTECT CODE: _____				TOTAL: _____							
NOT GOOD FOR PASSAGE OR ACCOMMODATIONS				TOTAL FARE: _____ CPN NO.: _____				TICKET NUMBER: _____ CK: _____							
7992300145 0011110905 4808103917								923609608 5							

I ACKNOWLEDGE RECEIPT OF TICKET(S) AND/OR COUPONS FOR RELATED CHARGES DESCRIBED HEREON. PAYMENT IN FULL TO BE MADE WHEN BILLED IN ACCORDANCE WITH STANDARD POLICY OF COMPANY ISSUING CARD AND AS REFLECTED IN APPLICABLE TARIFFS.				ENDORSEMENTS				CHARGES PAID				AMTRAK ACCOUNTING COUPON			
NAME OF PASSENGER: _____ NOT TRANSFERABLE				RESERVATION NUMBER: _____				ADULT(S) OR HEAD OF FAMILY: _____ NO. _____ FARE _____				NATIONAL RAILROAD PASSENGER CORPORATION WASHINGTON, D.C. 20001 ANY ALTERATION INVALIDATES THIS TICKET			
NOT VALID BEFORE: _____ NOT VALID AFTER: _____				ORIGIN: _____ DESTINATION: _____				SPOUSE OR CHILD 12-21 INC.: _____							
SOLD WITH (FORM & NUMBER): _____ EXCHANGED FOR (FORM & NUMBER): _____				CHECK IF: <input type="checkbox"/> OW <input type="checkbox"/> RT <input type="checkbox"/> 1/2 <input type="checkbox"/> FAMILY PLAN				CHILDREN 2-11 INC.: _____				DATE AND PLACE OF ISSUE: _____ APPROVAL CODE: _____			
FROM: _____ NOT GOOD FOR PASSAGE: _____				CARRIER: _____ CLASS: _____ ACCOM: _____				ACCOMMODATIONS/OR RSVD. SEAT: _____							
TO: _____				CAR: _____ TIME: _____ DATE: _____				OTHER: _____				FORM OF PAYMENT (CIRCLE ONE): CA CK AX VISA CB CDC MC OTHER			
TO: _____				PROTECT CODE: _____				TOTAL: _____							
NOT GOOD FOR PASSAGE OR ACCOMMODATIONS				TOTAL FARE: _____ CPN NO.: _____				TICKET NUMBER: _____ CK: _____							
COMMISSION: _____ BASIS: _____ NET REMITTANCE: _____								923609608 5							

ISSUED BY Amtrak				SUBJECT TO CONDITIONS ON PASSENGER RECEIPT				ENDORSEMENTS				CHARGES PAID				TICKET COUPON 1			
NAME OF PASSENGER: Welcome Aboard Amtrak				RESERVATION NUMBER: 1				ADULT(S) OR HEAD OF FAMILY: _____ NO. _____ FARE _____				NATIONAL RAILROAD PASSENGER CORPORATION WASHINGTON, D.C. 20001 ANY ALTERATION INVALIDATES THIS TICKET							
NOT VALID BEFORE: _____ NOT VALID AFTER: _____				ORIGIN: _____ DESTINATION: _____				SPOUSE OR CHILD 12-21 INC.: _____											
SOLD WITH (FORM & NUMBER): _____ EXCHANGED FOR (FORM & NUMBER): _____				CHECK IF: <input type="checkbox"/> OW <input type="checkbox"/> RT <input type="checkbox"/> 1/2 <input type="checkbox"/> FAMILY PLAN				CHILDREN 2-11 INC.: _____				DATE AND PLACE OF ISSUE: _____ APPROVAL CODE: _____							
FROM: _____ GOOD ONLY BETWEEN POINTS OUTLINED: _____				CARRIER: _____ CLASS: _____ ACCOM: _____				ACCOMMODATIONS/OR RSVD. SEAT: _____											
TO: _____				CAR: _____ TIME: _____ DATE: _____				OTHER: _____				FORM OF PAYMENT (CIRCLE ONE): CA CK AX VISA CB CDC MC OTHER							
TO: _____				PROTECT CODE: _____				TOTAL: _____											
GOOD FOR PASSAGE AND/OR ACCOMMODATIONS AS INDICATED				TOTAL FARE: _____ CPN NO.: _____				TICKET NUMBER: _____ CK: _____											
BAGGAGE CHECKED: <input type="checkbox"/>								1 923609608 4											

I ACKNOWLEDGE RECEIPT OF TICKET(S) AND/OR COUPONS FOR RELATED CHARGES DESCRIBED HEREON. PAYMENT IN FULL TO BE MADE WHEN BILLED IN ACCORDANCE WITH STANDARD POLICY OF COMPANY ISSUING CARD AND AS REFLECTED IN APPLICABLE TARIFFS.				ENDORSEMENTS				CHARGES PAID				AMTRAK PASSENGER RECEIPT			
NAME OF PASSENGER: _____ NOT TRANSFERABLE				RESERVATION NUMBER: 2				ADULT(S) OR HEAD OF FAMILY: _____ NO. _____ FARE _____				NATIONAL RAILROAD PASSENGER CORPORATION WASHINGTON, D.C. 20001 ANY ALTERATION INVALIDATES THIS TICKET			
NOT VALID BEFORE: _____ NOT VALID AFTER: _____				ORIGIN: _____ DESTINATION: _____				SPOUSE OR CHILD 12-21 INC.: _____							
SOLD WITH (FORM & NUMBER): _____ EXCHANGED FOR (FORM & NUMBER): _____				CHECK IF: <input type="checkbox"/> OW <input type="checkbox"/> RT <input type="checkbox"/> 1/2 <input type="checkbox"/> FAMILY PLAN				CHILDREN 2-11 INC.: _____				DATE AND PLACE OF ISSUE: _____ APPROVAL CODE: _____			
FROM: _____ NOT GOOD FOR PASSAGE: _____				CARRIER: _____ CLASS: _____ ACCOM: _____				ACCOMMODATIONS/OR RSVD. SEAT: _____							
TO: _____				CAR: _____ TIME: _____ DATE: _____				OTHER: _____				FORM OF PAYMENT (CIRCLE ONE): CA CK AX VISA CB CDC MC OTHER			
TO: _____				PROTECT CODE: _____				TOTAL: _____							
NOT GOOD FOR PASSAGE OR ACCOMMODATIONS				TOTAL FARE: _____ CPN NO.: _____				TICKET NUMBER: _____ CK: _____							
BAGGAGE CHECKED: <input type="checkbox"/>								923609608 5							

SUMMARY OF CONDITIONS OF CONTRACT

Valid for carriage for six months from date of issue, unless otherwise noted. Reservations must be secured when required; failure to cancel unneeded reservations prior to train departure may result in a substantial service charge. This ticket is not transferable and Amtrak shall not be liable to the purchaser in the event of its loss, destruction or theft, or if it is honored for transportation or refund when presented by any other person.

Carriage hereunder is subject to the Conditions of Contract and the rules and regulations of Amtrak, including those limiting liability for loss of or damage to checked baggage and such Conditions of Contract and rules and regulations are available for inspection by the passenger at any Amtrak ticket office. Amtrak shall not be liable for loss, damage, injury or delay to baggage not placed in checked baggage service, or, in excess of prescribed limits, for loss of or damage to undeclared valuable property contained in checked baggage.

Times shown in timetables or elsewhere, and times quoted, are not guaranteed and form no part of this contract. Time schedules and equipment are subject to change without notice. Amtrak expressly reserves the right, without notice, to substitute alternate means of transportation, and to alter or omit stopping places shown on ticket or timetable. Amtrak assumes no responsibility for inconvenience, expense or other loss, damage or injury resulting from error in schedules, delayed trains, failure to make connections, shortage of equipment or other operating deficiencies.

AMTRAK ONLY REV. 8-80