collette
guided by travel

TRAVEL DATE: 4/23/2019 TERRITORY: WA
RES#: 899779

Discover Croatia, Slovenia and the Adriatic Coast featuring Istrian Peninsula, Lake Bled, Dalmatian Coast and Dubrovnik

For Reservations Contact: Kate D'Or (925) 846-5858 email: kate@pleasanton.org
Pleasanton Chamber of Commerce, 777 Peters Ave, Pleasanton, CA 94566-6500

A deposit of $500 per person is due upon reservation. Reservations are made on a first come, first served basis. Reservations made after the deposit due date of October 17, 2018 are based upon availability. Final payment due by February 22, 2019. Deposits are refundable up until October 24, 2018.

YOUR INFORMATION:

Clearly print your full name (first/middle/last) as it appears on your government issued travel documentation.

IMPORTANT: In order to avoid any unnecessary change fees, it is imperative that all guest names are entered correctly from the start. The information below must be the legal name and be 100% identical to the ID being used to travel <passport/driver's license> including middle names or suffixes <Jr, Sr>.

First:_____ Middle: _____ Last: _____ Suffix: _____

Nickname: _____ Gender: ( ) Male ( ) Female Date of Birth: month _____ day _____ year _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: ( ) _____ Cell: ( ) _____ Email Address: _____

Passport Number: _____ Expiration Date: (month/day/year) _____ Date of Issuance: (month/day/year) _____

City, State, Country of Issuance: _____ Citizenship: _____

Should you become ill or injured, whom should we contact (not traveling with you): _____ Phone: ( ) _____

ROOMING WITH: ☐ Check if address is the same as Passenger #1

First: _____ Middle: _____ Last: _____ Suffix: _____

AIR GATEWAY: Departure airport for this tour: _____

Air Seat Request: ( ) Aisle ( ) Window ( ) Next To Traveling Companion

Collette cannot guarantee your seat preference. If you have not purchased air through Collette and wish to purchase transfers, you must transfer at our pre-scheduled times. Please be advised, when travelling as part of a group, many airlines do not provide seat assignments. Preferred seating may be available for an additional charge.

Please reserve an upgrade to Elite Airfare for an additional rate of: ☐ Business Class $4,890

Service is limited and not available on all flights or carriers. Other restrictions may apply. Please note: if you purchase an upgrade we cannot guarantee the same flight schedule as the group.

Are you willing to separate from the group air schedule to accommodate your upgrade request? ( ) Yes ( ) No

"Federal law forbids carriage of hazardous materials such as aerosols, fireworks, lithium batteries & flammable liquids aboard the aircraft in your checked or carry-on baggage. A violation can result in 5 years' imprisonment and penalties of $250,000 or more. Details on prohibited items may be found on TSA's "prohibited items" web page: http://www.tsa.gov/traveler-information/prohibited-items."

TRAVEL PROTECTION: ( ) Yes, I wish to purchase travel protection $315 ( ) No, I decline

If you choose not to purchase Collette's Waiver Insurance Plan, you will incur penalties for changes and cancellations. Travel Protection Payment is due with first deposit. The Waiver Fee does not cover any single supplement charges which arise from an individual's traveling companion electing to cancel for any reason prior to departure. The single supplement will be deducted from the refund of the person who cancels. (There is coverage under Part B which includes a single supplement benefit of $1,000 for certain covered reasons. See Part B for details.)

ON TOUR ACTIVITIES: Please choose one of the following on tour activities

( ) Dubrovnik By Sea & Lokrum Island
( ) Dubrovnik City Walls

PLEASE MAKE CHECKS PAYABLE TO: Collette ( ) Check ( ) Credit Card

Waiver/Insurance Amount: $_____ Deposit Amount: $_____ Total amount enclosed: $_____

Cardholder Name (if paying by Credit Card): _____

Cardholder Billing Address: ☐ Check if address is the same as above _____

Cardholder Phone: _____ Amount: $_____

Credit Card Number: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ Expiration Date: _ _ _ _
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SIGNATURE REQUIRED for acceptance of the below conditions and agreement to credit card use:

_____ Date: _____

I agree to pay according to the card issuer agreement. I understand and accept the cancellation policy, terms and conditions. Call for details regarding the full terms and conditions of your purchase.

Important Conditions: Your price is subject to increase prior to the time you make full payment. Your price is not subject to increase after you make full payment, except for charges resulting from increases in government-imposed taxes or fees.