

TRAVEL DATE: 3/20/2020 TERRITORY: WA RES#: 952651

Taste of Vietnam

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 \$750 per person is due upon reservation. Reservations are made on a first come, first served basis. Reservations made after the deposit due date of August 14, 2019 are based upon availability. Final payment due by November 21, 2019. Deposits are refundable up until August 21, 2019. 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	da	ay year
Address:		City:		State:	Zip Code:
Phone: ()	Cell: ()		Email Address	S:
Passport Number:	Expiration Date: (month/day/year) Date of Issuance: (month/day/year)				
City, State, Country of Issuance:	suance: Citizenship:				
Should you become ill or injured, whom	should we contact (not traveling w	vith you):	PI	hone: ()
ROOMING WITH: Check if address is	the same as Passenç	ger #1			
First:	Middle:		Last:		Suffix:
baggage. A violation can result in 5 years' impr http://www.tsa.gov/traveler-information/prohibite TRAVEL PROTECTION: () Yes, I wish to If you choose not to purchase Collette's Waiver In Fee does not cover any single supplement char supplement will be deducted from the refund of covered reasons. See Part B for details.) EXTENSION: I wish to purchase "3-Night ON TOUR ACTIVITIES: Please choose of () Halong Bay by Row Boat () Halong Bay by Kayak PLEASE MAKE CHECKS PAYABLE TO:	purchase travel protect protec	tion \$385 () cur penalties for clindividual's travel (There is coveral) No on tour activities () Credit Carc	No, I decline hanges and cancellations. ling companion electing to ge under Part B which inc	Travel Protection Pay cancel for any reaso ludes a single supple	yment is due with first deposit. The Waiver on prior to departure. The single ement benefit of \$1,000 for certain
Waiver/Insurance Amount: \$	Deposit Am	ount: \$	Total a	mount enclosed: \$	·
Cardholder Name (if paying by Credit Card):				
Cardholder Billing Address: Check if ad	dress is the same as abo	ove			
Cardholder Phone:	_ Amount: \$				
Credit Card Number:			•	pate:M M	- Y Y

I agree to pay according to the card issuer agreement. I understand and accept the cancellation policy, terms and conditions. See http://www.gocollette.com/about-collette/terms-and-conditions for 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.