



guided by travel

TRAVEL DATE: 11/26/2018 TERRITORY: S9
RES#: 808440

Christmas on the Danube featuring a 6-night
Danube River Cruise

For Reservations Contact: John Kwak (850) 645-6046 jkwak@fsu.edu or Sarah Hipsher at (850) 645-6071 scassidyhipsher@fsu.edu
WFSU, 1600 Red Barber Plz, Tallahassee, FL 32310-6068

A deposit of \$750 per person is due upon reservation. If you purchase our Travel Protection Plan, the deposit is only \$500 per person plus the cost of the Insurance. Reservations are made on a first come, first served basis. Reservations made after the deposit due date of March 20, 2018 are based upon availability. Final payment due by July 27, 2018. Deposits are refundable up until March 27, 2018.

YOUR INFORMATION:

Clearly print your full name (first/middle/last) **as it appears on your PASSPORT. The name listed on your Passport must match this form exactly.**

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 \$4,990

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 \$360 () 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.)

EXTENSION: I wish to purchase "2-Night Magical Christmas Markets of Prague" () Yes () No

CABIN PREFERENCE: Please Number Your Choices from 1 to 4. (1 being your top choice)

() Middle Outside () Lower Outside () Suite () Upper Outside

We will make every effort to accommodate your cabin category preference at the time of booking. It is suggested that you indicate your first, second and third choice of cabin categories. If requested cabin category is not available, the next available category will be offered and the supplemental amount will be added or deducted.

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: _ _ / _ _ / _ _
M M Y Y

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. 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.



162 Middle Street
Pawtucket, RI • 02860
Phone: 1-800-852-5655 Fax: 1-401-727-9014

If paying by credit card, please complete this form and return to WFSU. We can only charge your credit card for the amount noted if the signature, address and phone number are listed below. Thank you!

CREDIT CARD AUTHORIZATION FORM

BOOKING NUMBER: 808440

TOUR: Christmas on the Danube *featuring a 6-night Danube River Cruise*

DEPARTURE DATE: November 26, 2018

GROUP NAME: WFSU

Name of Passenger:

Salutation: _____ First Name: _____ Middle Initial: _____ Last Name: _____ Suffix: _____
(Mr., Mrs., Rev.) (Please print as it appears on Passport) (Jr., Sr.)

Cardholder Name: _____
(Please print as it appears on your Credit Card)

Cardholder Address: _____
(as it appears on your credit card statement)

Cardholder Phone: _____

Credit Card Type: ___ American Express ___ Discover ___ MasterCard ___ Visa

Credit Card Number: _____

Expiration Date: _____ Amount to be charged: \$ _____

Cardholder's Signature: _____ Date: _____

I agree to pay according to the card issuer agreement. I understand and accept Collette cancellation policy, terms and conditions.

Participating credit card companies are now requiring a billing address and phone number for **FRAUD PREVENTION**. All information **MUST** be provided. Thank you for your cooperation!
If using your credit card for payment, please return this Authorization Form by mail to:

WFSU
Attn: John Kwak
1600 Red Barber Plz
Tallahassee, FL 32310-6068

Or by Fax to: (850) 487-3093

Above credit card information has been called in to Collette.