

TRAVEL DATE: 4/19/2018 TERRITORY: S9 RES#: 825731

Taste of Vietnam

For Reservations Contact: Troy Davis (850) 645-6065 email: tedavis@fsu.edu

WFSU, 1600 Red Barber Plz, Tallahassee, FL 32310-6068

A deposit of \$500 per person is due upon reservation. If you purchase our Travel Protection Plan, the deposit is only \$250 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 September 29, 2017 are based upon availability. Final payment due by February 20, 2018. Deposits are refundable up until October 6, 2017.

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 <u>legal</u> 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 w	rith you):	Phone	:( )
ROOMING WITH: Check if address is	the same as Passenç	ger #1			
First:	_ Middle:		_ Last:		Suffix:
TRAVEL PROTECTION: ( ) Yes, I wish to purchase Collette's Waiver Infection of the covered reasons. See Part B for details.)  EXTENSION: I wish to purchase "3-Night FON TOUR ACTIVITIES: Please choose of the covered reasons. See Part B for details.)  EXTENSION: I wish to purchase "3-Night FON TOUR ACTIVITIES: Please choose of the covered reasons. See Part B for details.)	surance Plan, you will in ges which arise from an he person who cancels. Hong Kong" ( ) Yes ne of the following of Collette ( ) Check	cur penalties for coindividual's travel (There is coveral (There is coveral (No; "3-Nighon tour activities) (Coredit Card	hanges and cancellations. ing companion electing to ge under Part B which inc nt Phú Quoc" ( ) Yes es	cancel for any reason pri- ludes a single supplement  ( ) No; "3-Night Bangk	or to departure. The single t benefit of \$1,000 for certain kok" ( ) Yes ( ) No
Waiver/Insurance Amount: \$	Deposit Am	ount: \$	Total a	mount enclosed: \$	
Cardholder Name (if paying by Credit Card)	:				
Cardholder Billing Address:	dress is the same as abo	ove			
Cardholder Phone:			Amount: \$		
Credit Card Number:			Expiration D	ate:	
SIGNATURE REQUIRED for acceptance of	f the below conditions	and agreemen	t to credit card use:	M M Y	Υ
				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.



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: 825731** TOUR: Taste of Vietnam **GROUP NAME: WFSU** DEPARTURE DATE: April 19, 2018

	Middle Initial: Last Name:	Suffix:
(Mr., Mrs., Rev.)  Cardholder Name:  (Please print as it appears on y	(Please print as it appears on Passport)	(Jr., Sr.)
	it card statement)	
Cardholder Phone:		
Credit Card Type:American	ExpressDiscoverMasterCar	rdVisa
Credit Card Number:		
	Amount to be charged: \$ _	
Cardholder's Signature:	Date:	
I agree to pay according to the card is policy, terms and conditions.	ssuer agreement. I understand and accept	Collette cancellation
FRAUD PREVENTION. All inform	re now requiring a billing address and phomation MUST be provided. Thank you for please return this Authorization Form by	or your cooperation!
WFSU Attn: Troy Davis 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.	