

Italy: Amalfi Coast to Puglia

Res. No. 1249933

For Reservations Contact:

New Beginnings - Lisa McCabe - 732-382-3108

A deposit of \$698 (\$898 for a cruise tour) per person is due upon reservation. Reservations are made on a first come, first served basis. YOUR INFORMATION: Clearly printly 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 ______Middle: ______ Last: ______ Suffix: ______ Nickname: ______ Gender: () Male () Female Date of Birth: month ______ day _____ year _____ Address: _____ State: ____ Zip Code: _____) ______ Cell: () _____ Email Address: _____ Passport Niumber: _____ Expiration Date: (month/day/year) _____ Date of Issuance: (month/day/year) _____ City, State, Country of Issuance: _____ Citizenship: _____ Should yo u 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: _____ Last: _____ AIR GATE WAY: Departure airport for this tour: Air Seat Re quest: () 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 activised, when travelling as part of a group, many airlines do not provide seat assignments. Preferred seating may be available for an additional charge. "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.tsia.gov/traveler-information/prohibited-items." TRAVEL PROTECTION: () Yes, I wish to purchase travel protection () No, I decline \$549 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 \$1,500 for certain covered reasons. See Part B for details.) PLEASE NIAKE 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 Cardi Number: ____ _ Expiration Date: ____ _ _ _ _ _ __ SIGNATURE REQUIRED for acceptance of the below conditions and agreement to credit card use: 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/aboutcollette/term s-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.