



COLLETTE
VACATIONS

**Collette Vacations Rediscover Cuba - A
Cultural Exploration**

RES#: 546920 TRAVEL DATE: 2/23/2014 TERRITORY: E2

For Reservations Contact: Joseph Laufer 609-859-4042 email: jmlaufer@comcast.net
Joe Laufer's ICQ Tours, 9 Smith Ct, Southampton, NJ 08088-8826

First deposit of \$250 per person due upon reservation. Reservations are made on a first come, first served basis. Reservations made after the seat reduction date of 9/16/2013 are based upon availability. Final payment due by 12/25/2013. The waiver insurance fees are fully refundable up to 9/23/2013.

YOUR INFORMATION:

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

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

Address: _____ City: _____ State: _____

Zip Code: _____ Phone: (_____) _____ Cell: (_____) _____

Email Address: _____

Gender: () Male () Female Date of Birth: (dd/mm/yy) _____

Passport Number: _____ Expiration Date: _____ Date of Issuance: _____

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

Emergency Contact: _____ Phone: (_____) _____

ROOMING WITH:

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

AIR GATEWAY:

Departure airport for this tour: _____

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

Collette Vacations cannot guarantee your seat preference. If you have not purchased air through Collette Vacations and wish to purchase transfers, you must transfer at our pre-scheduled times.

AIR UPGRADE:

I am interested in purchasing an air upgrade to business or first class () Yes () No

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

TRAVEL PROTECTION: () Yes, I wish to purchase travel protection \$220 () 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 insurance fees do not cover any single supplement charges which arise from an individual's traveling companion electing to cancel for any reason prior to departure. In this case, the single supplement will be deducted from the refund of the person who cancels.

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

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

Cardholder Name: _____

Cardholder Address: _____

Cardholder Phone: _____ Expiration Date: _____

Credit Card Number: _____ Amount charged: \$ _____

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.

SIGNATURE REQUIRED for acceptance of the above conditions and agreement to credit card use:

Date: _____

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