



TRAVEL DATE: 5/08/2017 TERRITORY: MB
RES#: 758233

Iceland: Land of Fire & Ice

For Reservations Contact: Roni Williams 269-925-0777

Travel Leaders, 1958 Mall Pl, Benton Harbor, MI 49022-2332

A deposit of \$300 per person due upon reservation, \$50 is non-refundable after 14 days. . Reservations are made on a first come, first served basis. Reservations made after the deposit due date of November 01, 2016 are based upon availability. Final payment due by March 07, 2017. Please note: deposits are fully refundable up until November 08, 2016, after that date certain charges apply.

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 _____ 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: _____

TRAVEL PROTECTION: () Yes, I wish to purchase travel protection \$250 () 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.)

ON TOUR ACTIVITIES: Please choose one of the following on tour activities

Please Choose One:

- () Blue Lagoon Ltd
() Whale Watching

Please Choose One:

- () Peninsula Lava Field Walk
() Peninsula Lava Cave Tour

PLEASE MAKE CHECKS PAYABLE TO: Travel Leaders () 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.