

Please Note:

The order of events is subject to change due to holiday schedules.

This tour requires average physical activity. You should be in good health, able to climb stairs and walk reasonable distances, possibly over uneven grounds and cobblestone streets.

Please be advised many airlines do not provide advance seat assignments until check-in at the airport. Advance seating will be subject to the airline's terms and conditions.

A deposit of \$300 per person due upon reservation. Reservations are made on a first come, first served basis.

CST#2006766-20 UBN#601220855 Nevada Sellers of Travel Registration No. 2003-0279

Rewards

Join Travel Loyalty by Collette (TLC) through a simple online process after booking a trip. Once you depart, receive a \$150 credit per person towards your next trip! It's our way of rewarding our loyal travelers.† Learn more at www.gocollette.com/guided-travel#loyalty_program

† Full credit is valid for travel within 12 months of the original trip. \$100 of the credit remains valid for travel within 13-24 months and the entire credit expires after 24 months.

You Are Protected

Travel the world, worry-free with Collette's Travel Protection Plan. If you need to cancel for any reason right up until the day prior to departure, you'll get a full refund (less the cost of the plan and a \$50 per person administrative fee). Plus, you are covered on tour. If you have to stop your trip or return home early, need medical assistance or evacuation, suffer a baggage loss or delay, or are delayed on tour for 12 hours or more, you're covered. It's the kind of peace of mind you cannot put a price tag on. Learn more at www.gocollette.com/guided-travel#no_worries_waiver



TRAVEL DATE: 12/01/2016 TERRITORY: E6

Spotlight on San Antonio Holiday

RES#: 728607

For Reservations Contact: Liza Leister (215)723-8687 email: liza@trvlhaus.com
Travel Haus, 614 E Broad St, SOUDERTON, PA 18964-1219

A deposit of \$300 per person due upon reservation. Reservations are made on a first come, first served basis. Final payment due by September 25, 2016.

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: _____

Should you become ill or injured, whom should we contact (not traveling with you):

Name: _____ 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 \$100 () No, I decline

**Please note there is a \$50 per person administrative fee that will not be refunded with any claims.*

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.)

PLEASE MAKE CHECKS PAYABLE TO: Travel Haus () 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: _____ (MMYY)

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.