



**COLLETTE  
VACATIONS**

**Best of China**

RES#: 573346 TRAVEL DATE: 6/25/2014 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 1/20/2014 are based upon availability. Final payment due by 4/26/2014. The waiver insurance fees are fully refundable up to 1/27/2014.

**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: \_\_\_\_\_ Nickname: \_\_\_\_\_

Gender: ( ) Male ( ) Female Date of Birth: (month/day/year) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Passport Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Date of Issuance: \_\_\_\_\_

City, State, Country of Issuance: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

**ROOMING WITH:**

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ Suffix: \_\_\_\_\_

**EXTENSION:** I wish to purchase "3-Night Hong Kong" ( ) Yes ( ) No

**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 \$230 ( ) 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 understand and accept Collette Vacations cancellation policy, terms and conditions. If paying by credit card, I agree to pay according to the card issuer agreement.

*Make checks payable to:  
COLLETTE VACATIONS*