



RES#: 603849
TRAVEL DATE: 4/20/2015 TERRITORY: E2

Spectacular South Africa Culture & Nature in
Harmony

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 11/14/2014 are based upon availability. Final payment due by 2/19/2015. After 11/21/2014, penalties will apply.

YOUR INFORMATION:

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

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: _____

Emergency Contact: _____ Phone: () _____

ROOMING WITH: Check if address is the same as Passenger #1

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: Premium Economy Business Class First Class

Service is limited and not available on all flights or carriers. Other restrictions may apply.

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 \$270 () 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.

EXTENSION: I wish to purchase "3-Night Victoria Falls" () Yes () No

PLEASE MAKE CHECKS PAYABLE TO: Collette Vacations () 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 www.collettevacations.com/terms_conditions.cfm 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.