

For Reservations Contact: Sandy Stephenson (541) 382-3221 email: sandy@bende	chamber.org
Bend Chamber of Commerce, 777 NW Wall St Ste 200, BEND, OR 97703-2761	

A deposit of \$500 per person due upon reservation. If you purchase our Travel Protection Plan, the deposit is only \$250 per person plus the cost of the insurance. Reservations are made on a first come, first served basis. Reservations made after the deposit due date of February 20, 2017 are based upon availability. Final payment due by June 27, 2017. Please note: deposits are fully refundable up until February 27, 2017, 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 cpassport/driver's license> including middle names or suffixes Jr, Sr>. ______Middle: ______Last: ______Suffix: First: Nickname: ______ Gender: () Male () Female Date of Birth: month ______ day _____ year _____) _____ Cell: () _____ Email Address: _____ Phone: (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 Middle: Last: Suffix: First: **AIR GATEWAY:** Departure airport for this tour: Air Seat Request: () Aisle () Window () Next To Traveling Companion Collette cannot guarantee your seat preference. If you have not purchased air through Collette and wish to purchase transfers, you must transfer at our pre-scheduled times. Please be advised, when travelling as part of a group, many airlines do not provide seat assignments. Preferred seating may be available for an additional charge. Please reserve an upgrade to Elite Airfare for an additional rate of: Business Class \$4,990 Service is limited and not available on all flights or carriers. Other restrictions may apply. Please note: if you purchase an upgrade we cannot guarantee the same flight schedule as the group. Are you willing to separate from the group air schedule to accommodate your upgrade request? () Yes () No "Federal law forbids carriage of hazardous materials such as aerosols, fireworks, lithium batteries & flammable liquids aboard the aircraft in your checked or carry-on baccage. A violation can result in 5 years' imprisonment and penalties of \$250.000 or more. Details on prohibited items may be found on TSA's "prohibited items" web page: http://www.tsa.gov/traveler-information/prohibited-items." **TRAVEL PROTECTION:** () Yes, I wish to purchase travel protection \$280 () 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.) **EXTENSION**: I wish to purchase "3-Night Peruvian Amazon" () Yes () No ON TOUR ACTIVITIES: Please choose one of the following on tour activities Please Choose One: () Coach Tour of Cuzco () Walking Tour of Cuzco PLEASE MAKE CHECKS PAYABLE TO: Collette () 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: ____

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

Date:

M M Y Y

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/aboutcollette/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.



TOUR: Peru: Ancient Land of Mysteries GROUP NAME: Bend Chamber of Commerce

DEPARTURE DATE: Aug 26, 2017 BOOKING NUMBER: 776077

AVAILABLE PREPAID OPTIONS

Personalize your tour by adding an optional activity below. Our recommended options have been carefully chosen to help enhance your individual experience. Complete the provided Prepaid Options Form to reserve your options. Availability is limited and reservations are on a first come, first served basis. Payment must be received no later than 15 days prior to departure. Prices are subject to change. Children under the age of 18 MUST be accompanied by an adult.

PASSENGERS NAME: (Please submit a separate form for each passenger)							
Salutation:	First:	Middle:	Last:	Suffix:	_ Nickname:		
(Mr.,	Mrs., Rev.)	(Please print EXACTLY a	s it appears on Passport)	(Jr., S	r.)		
\checkmark		O	otion		Price Per Person (USD)		
Mystical Shaman Ceremony Please note a maximum of 15 passengers is allowed for this option. No transportation required as this option is done indoors at the hotel.					80.00		
	Cuzco through the	ne Senses			100.00		

Please make checks payable to Collette and send to:

Bend Chamber of Commerce Attn: Sandy Stephenson 777 NW Wall St Ste 200 BEND, OR 97703-2761 Fax: (541) 385-9929