

For Reservations Contact: Sandy Stephenson (541) 382-3221 email: sandy@bendchamber.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 May 03, 2017 are based upon availability. Final payment due by September 10, 2017. Please note: deposits are fully refundable up until May 10, 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 <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: _____

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 \$3,990

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 baggage. 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.)

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

Please Choose One: () Walking Tour of Historic Valencia & Central Market () City of Arts & Sciences & Lladro City of Porcelain

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: _ _ / _ _ / _ _
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.



162 Middle Street
 Pawtucket RI 02860
 Phone: 1-800-852-5655, Fax: 1-401-727-9014

TOUR: Spain's Classics
GROUP NAME: Bend Chamber of Commerce

DEPARTURE DATE: Nov 09, 2017
BOOKING NUMBER: 776074

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 as it appears on Passport) (Jr., Sr.)

✓	Option	Price Per Person (USD)
	Barcelona by Night with Dinner at the Port	90.00
	Montserrat	75.00
	Madrid by Night with "Tapas Dinner"	95.00

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