



TRAVEL DATE: 4/15/2019 TERRITORY: T5  
RES#: 877553

Iceland: Land of Fire & Ice

**For Reservations Contact:** Danielle Brown 623-932-2260 email: danielle@southwestvalleychamber.org  
Southwest Valley Chamber of Commerce, 289 N Litchfield Rd, Goodyear, AZ 85338-1227

**A deposit of \$500 per person is due upon reservation. Reservations are made on a first come, first served basis. Reservations made after the deposit due date of October 09, 2018 are based upon availability. Final payment due by February 14, 2019. Deposits are refundable up until October 16, 2018.**

**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:  Premium Economy \$1,390  Business Class \$2,390

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.](http://www.tsa.gov/traveler-information/prohibited-items)"

**TRAVEL PROTECTION:** ( ) Yes, I wish to purchase travel protection \$315 ( ) 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:

( ) Blue Lagoon Ltd

( ) Whale Watching

Please Choose One:

( ) Peninsula Lava Field Walk

( ) Peninsula Lava Cave Tour

**PLEASE MAKE CHECKS PAYABLE TO:** Southwest Valley Chamber of Commerce ( ) 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. Call for details regarding the 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

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If paying by credit card, please complete this form and return to Southwest Valley Chamber of Commerce. We can only charge your credit card for the amount noted if the signature, address and phone number are listed below. Thank you!

### CREDIT CARD AUTHORIZATION FORM

BOOKING NUMBER: 877553  
DEPARTURE DATE: April 15, 2019

TOUR: Iceland: Land of Fire & Ice  
GROUP NAME: Southwest Valley Chamber of  
Commerce

Name of Passenger:

Salutation: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_  
(Mr., Mrs., Rev.) (Please print as it appears on Passport) (Jr., Sr.)

Cardholder Name: \_\_\_\_\_  
(Please print as it appears on your Credit Card)

Cardholder Address: \_\_\_\_\_  
(as it appears on your credit card statement)

Cardholder Phone: \_\_\_\_\_

Credit Card Type: \_\_\_American Express \_\_\_Discover \_\_\_MasterCard \_\_\_Visa

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Amount to be charged: \$ \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I agree to pay according to the card issuer agreement. I understand and accept Collette cancellation policy, terms and conditions.

Participating credit card companies are now requiring a billing address and phone number for **FRAUD PREVENTION**. All information **MUST** be provided. Thank you for your cooperation!  
If using your credit card for payment, please return this Authorization Form by mail to:

**Southwest Valley Chamber of Commerce**  
Attn: Danielle Brown  
289 N Litchfield Rd  
Goodyear, AZ 85338-1227

Above credit card information has been called in to Collette.



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Passport Number: \_\_\_\_\_ Expiration Date: (month/day/year) \_\_\_\_\_ Date of Issuance: (month/day/year) \_\_\_\_\_

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