

First deposit of \$250 per person due upon reservation. \*Reservations are made on a first come, first serve basis.  
Reservations made after the seat reduction date of 10/11/2009 are based upon availability.  
Final payment due by 12/13/2009.

**Make checks payable to:** Collette Vacations  
**For Reservations Contact:** Wittenberg Alumni Association 937-327-7983  
P.O. Box 720  
Springfield, OH 45501-0720  
Attn: Barb Mackey



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

Rooming With: \_\_\_\_\_  
(Please print as it appears on Passport)

Nickname (as you may prefer to be addressed): \_\_\_\_\_

Your Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

**Emergency**

**Contact Name:** \_\_\_\_\_ **Telephone:** ( ) \_\_\_\_\_ **Relationship:** \_\_\_\_\_

I wish to purchase cancellation waiver and insurance at \$60 per person:  Yes  No (Payment due with first deposit.)

Please note: If you choose not to purchase Collette's Waiver Insurance Plan, you will incur penalties for changes and cancellations (see brochure for details)

Deposit Amount: \$ \_\_\_\_\_ Waiver/Insurance Amount: \$ \_\_\_\_\_ Total amount enclosed: \$ \_\_\_\_\_

Please advise your departure airport for this tour: \_\_\_\_\_

Air Seat Request  Aisle  Window (Collette Vacations cannot guarantee your preference)

If you have not purchased air through Collette and wish to purchase transfers, you must transfer at our pre-scheduled times.

Room Accommodations:  Smoking  Non-Smoking (Collette Vacations cannot guarantee your preference)

\*Triple rooms are normally a standard double room with 2 beds. A cot or rollaway bed may be requested but not guaranteed due to size of room and fire codes.

Collette Vacations accepts American Express, Discover, MasterCard or Visa as payments toward your group reservation.  
If paying by credit card, please complete the attached authorization form.  
New York City featuring the Waldorf Astoria - 2/11/2010 370690 MC 7/9/2009

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[www.ColletteVacations.com](http://www.ColletteVacations.com)

Payment of a per person waiver insurance fee guarantees **full refund** on all payments (including deposit), **except the waiver fee itself**, made to Collette Vacations for tour service in case of cancellation for any reason prior to the day of departure. Air inclusive waiver insurance may be purchased only if you purchase your airline tickets from Collette Vacations.

Once on tour, if a passenger has to return home early due to personal illness, illness or death of a member of the immediate family, (physician's statement required), payment of the waiver fee to Collette Vacations guarantees full refund for any unused land services after departure from the tour. Payment of the air inclusive waiver guarantees your return transportation, with no additional supplement, utilizing your original airline tickets. In the event you have purchased non-refundable airline tickets, the air waiver does not apply.

The waiver insurance fees are **fully refundable up** to 10/11/2009. Waiver insurance is non-transferable and valid for each applicant only. *Waiver Insurance must be purchased at time of first deposit.*

Collette Vacations can assume no responsibility for and cannot be held liable for any wrongful, negligent or unauthorized acts or omissions of any travel agent or travel agency other than that of Collette Vacations itself, and its own employees.

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. Division of this charge between the two passengers involved is solely their responsibility. If insufficient funds are deducted from the canceling client, the traveling client will be charged the remaining portion of the single supplement. The waiver covers cancellation of your trip and does not cover cancellation of the airline portion only.

The waiver insurance fees cover lost, damaged or delayed baggage as well as medical expenses, emergency medical attention and worldwide travelers' assistance. See your booking agent for details.



**COLLETTE**  
VACATIONS

180 Middle Street  
Pawtucket, RI 02860  
Phone: 1-877-289-0181 Fax: 1-401-727-9014

If paying by credit card, please complete this form and return to Wittenberg Alumni Association. 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: 370690  
DEPARTURE DATE: February 11, 2010

TOUR: New York City featuring the Waldorf Astoria  
GROUP NAME: Wittenberg Alumni Association

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

Cardholder Name: \_\_\_\_\_

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 Vacations 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:

**Wittenberg Alumni Association**  
P.O. Box 720  
Springfield, OH 45501-0720  
Attn: Barb Mackey

Or by Fax to: (937) 327-7444