



RES#: 1102381
TRAVEL DATE: 10/17/2023 TERRITORY:
E9

Iceland's Magical Northern Lights

For Reservations Contact: Cynthia Watters (814) 266-5070 email: cynthiawatters@epicjourneystours.com
Epic Journeys, LLC, 1122 Camelot Ct, Johnstown, PA 15904-3467

First non-refundable deposit of \$600 per person due upon reservation. Reservations are made on a first come, first served basis.
Reservations made after the seat reduction date of 4/11/2023 are based upon availability. Final payment due by 8/18/2023. After
4/18/2023, 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:

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 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.

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 \$ 399 () 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. In this case, 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.)

PLEASE MAKE CHECKS PAYABLE TO: Epic Journeys, LLC () 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/Home/About%20Collette/Terms%20and%20Conditions 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.