

SHADES OF IRELAND

519882 6/9/2013 A9 6/28/2012

For Reservations Contact:

RDC Tours, LLC
Attn: Richard Cece
32 Orchard Meadows Drive
Smithfield, RI 02917-1846

(401) 231-7880



COLLETTE
VACATIONS

IMPORTANT: Please Print Your Name **EXACTLY** As It Appears On Your Government Issued Travel Documentation (Passport)

YOUR INFORMATION:

Salutation: _____ First: _____ Middle: _____ Last: _____ Suffix: _____ Nickname: _____
(Mr., Mrs., Rev.) (Please print EXACTLY as it appears on Passport) (Jr., Sr.)

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: () _____ Mobile: () _____ Email Address: _____

Date of Birth: ____/____/____ City, State, Country of Birth: _____

Gender: () Male () Female

Passport Number: _____ Expiration Date: _____ Date of Issuance: _____

City, State, Country of Issuance: _____ Citizenship: _____

Emergency Contact: _____ Phone: () _____ Relationship: _____

ROOMING WITH:

Salutation: _____ First: _____ Middle: _____ Last: _____ Suffix: _____ Nickname: _____
(Mr., Mrs., Rev.) (Please print EXACTLY as it appears on Passport) (Jr., Sr.)

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.

Signature Required: _____ to acknowledge your acceptance of these conditions.

INFO

AIR GATEWAY: 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 Vacations and wish to purchase transfers, you must transfer at our pre-scheduled times.

AIR UPGRADE: I am interested in purchasing an air upgrade to business or first class () Yes () No
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 \$220 () No, I decline travel protection

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)

Travel Protection Payment is due with first deposit.

ENHANCE

PLEASE MAKE CHECKS PAYABLE TO: RDC Tours, LLC

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

Collette Vacations accepts American Express, Discover, MasterCard or Visa as payment toward your group reservation. If paying by credit card, please complete the attached authorization form.

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 1/3/2013 are based upon availability. Final payment due by 4/10/2013.

PAYMENT

MISC.

FREE GIFT: Please select one of the following FREE gifts per person: () Go-Green Bag () Plant a Tree () Toiletry Bag () Travel Bag

Please Cut and Keep Bottom Portion for Your Records

TERMS AND CONDITIONS: 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 1/10/2013. 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

**162 Middle Street
Pawtucket, RI • 02860
Phone: 1-800-752-2655 Fax: 1-401-727-9014**

If paying by credit card, please complete this form and return to RDC Tours, LLC. 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: 519882
DEPARTURE DATE: June 9, 2013

TOUR: Shades of Ireland
GROUP NAME: RDC Tours, LLC

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 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:

RDC Tours, LLC
Attn: Richard Cece
32 Orchard Meadows Drive
Smithfield, RI 02917-1846

Or by Fax to: (401) 233-0514



**COLLETTE
VACATIONS**

162 Middle Street
Pawtucket RI 02860
Phone: 1-800-944-3349, Fax: 1-401-727-9014

TOUR: Shades of Ireland
GROUP NAME: RDC Tours, LLC

DEPARTURE DATE: Jun 09, 2013
BOOKING NUMBER: 519882

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 serve 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)
	Medieval Banquet	95.00
	Pub Lunch & The Guinness Storehouse	60.00

**Please make checks payable to
RDC Tours, LLC and send to:**

RDC Tours, LLC
Attn: Richard Cece
32 Orchard Meadows Drive
Smithfield, RI 02917-1846
Fax: (401) 233-0514