

Tour/Space Reservation Form - CONTRACT
France & Italy Tour

May 27 - June 8, 2009 Tour

OR

Oct. 21 - Nov. 2, 2009 Tour

Indicate Dates of Tour? _____

General Information

First Name: _____

Last Name: _____

Mailing Address:

E-mail: _____

Home Phone: _____ - _____ - _____

Work Phone: _____ - _____ - _____

Date of Birth - Month: _____ Year: _____

How did you hear about Well Arranged Travel? (If it was from a web search, please tell us on which search engine or web site you found us)

International Travelers Only

Do you have a passport? YES _____ NO _____

Your Name as it appears on your passport: _____

(Please be sure and check that your passport is current AT LEAST 6 MONTHS after the end date of the trip. If it expires sooner, you must get it renewed.)

Passport Expiration Date: _____

Doctor's Name and Phone Number: _____

Emergency Contact's Name & Phone Number: _____

Do you have any allergies or dietary issues?

Do you have any health issues or mobility limitations? _____ If yes, please describe.

Please indicate if you want to share a room. Single room accommodation is available with additional cost. Note: There may be times when we are unable to find you a roommate and you will be charged the single supplement requirement. Note that we cannot guarantee a roommate or that a roommate assigned to you will not change their plans.

Do you want to share a room on this trip? YES _____ NO _____

If yes, do you want to room with a friend or relative traveling with you? _____
Name of desired roommate: _____

Do you smoke? Yes _____ No _____

Payment

We accept CHECKS, MONEY ORDERS and CREDIT CARDS as payments. Print this form, sign it and mail it into our office. Checks and money orders should be payable to: Well Arranged Travel, Inc. and mailed to the address listed above.

FOR SECURITY REASONS, PLEASE DO NOT EMAIL YOUR CREDIT CARD INFORMATION TO US.

We accept Visa and Master Card ONLY.

Name on Account: _____

Card Type: _____

Account #: _____ Expiration Date: _____

Security Code: _____

BILLING ADDRESS, if different than home address: _____

PLEASE NOTE THAT IF YOU ELECT TO PAY BY CREDIT CARD, WE WILL GO AHEAD AND CHARGE YOUR CARD FOR THE FINAL PAYMENT OR BALANCE OF THE TOUR ON THE DUE DATE (See next page). YOU MUST ADVISE US AHEAD OF TIME IF YOU WANT TO MAKE ANOTHER ARRANGEMENT FOR THE FINAL PAYMENT.

COST

Additional costs may apply for special requests. Examples: single supplement cost where applicable, additional hotel nights for early arrival or late departure, optional tours, etc.

Tour Cost	Amt: <u>\$ 5,250.00</u>
Amount Due Now to Reserve a Space (Deposit is non-refundable)	Amt: <u>\$ 700.00</u>
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Subtotal after the deposit of \$700.00	Amt: <u>\$ 4,550.00</u>
Single Occupancy Supplement (<u>\$1,450.00</u>)	Amt: _____
Additional Costs (if applicable):	Amt: _____
Additional Payments (If Applicable)	Amt: _____

Balance Due: _____

Deposit to reserve 1 space for the tour = \$500. Deposit is non-refundable.

Final payments of remaining balances including costs of options are due on 75 days before the trip departs. You will get an invoice.

Total cost of the tour, including costs of all options elected, are due immediately for reservations made 75 days or less from the departure date.

All monies paid to Well Arranged Travel are non-refundable from 75 days or less from the departure date.

Travel Insurance - Questions? Call us: 1-866-513-3968

We highly recommend that you purchase travel insurance. Insurance should be purchased immediately after you make a deposit on any tours/payment on airline tickets or your pre-existing conditions may be excluded. Consult the insurance company before purchasing. See the Travel Insurance section of our website. We listed a few of the biggest insurance companies and their telephone numbers. Please indicate your plans here:

Is there anything else we need to know?

Months before the trip you will receive lots of information from us about foreign currency/money, packing, basic things travelers should know about the place to be visited, etc., to help you get ready. Is there anything we can do to help you plan for this trip?

NOTE: YOU MUST INFORM US OF ANY CHANGE IN YOUR MEDICAL CONDITION SINCE YOUR INITIAL SIGN UP DATE. This includes all

hospitalization and treatment since sign up date that may affect your ability to do our tour safely and comfortably.

Well Arranged Travel cannot guarantee travelers a roommate nor can it guarantee your designated roommate will not cancel or change their travel plans at any time.

I have read the Travel Policies of Well Arranged Travel, Inc. as published on their website. Please acknowledge by marking the ‘YES’ box and sign below. YES: _____

Signature: _____ Date: _____