

162 Middle Street Pawtucket, RI • 02860

Phone: 1-800-852-5655 Fax: 1-401-727-9014

If paying by credit card, please complete this form and return to Morgan Hill 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: 910606 TOUR: Irish Splendor GROUP NAME: Morgan Hill Chamber of Commerce DEPARTURE DATE: March 11, 2020

	8	
Name of Passenger: Salutation: First Name: (Mr., Mrs., Rev.)	Middle Initial: Last Name: (Please print as it appears on Passport)	Suffix: (Jr., Sr.)
Cardholder Name: (Please print as it appears on your Credit	it Card)	
Cardholder Address: (as it appears on your credit card state)	tement)	
Cardholder Phone:		
Credit Card Type:American Expre	essDiscoverMasterCard	Visa
Credit Card Number:		
Expiration Date:	Amount to be charged: \$	
Cardholder's Signature:	Date:	
I agree to pay according to the card issuer a policy, terms and conditions.	agreement. I understand and accept Collet	te cancellation
Participating credit card companies are now FRAUD PREVENTION . All information If using your credit card for payment, pleas	n MUST be provided. Thank you for your	cooperation!

Morgan Hill Chamber of Commerce

Attn: Mellea McLaughlin 17485 Monterey St Ste 105 Morgan Hill, CA 95037-7311

$\overline{}$								
	Above cre	edit card	linforma	ation has	been	called i	in to	Collette



For Reservations Contact: Mellea McLaughlin (408) 779-9444 x564 email: mellea@morganhill.org Morgan Hill Chamber of Commerce, 17485 Monterey St Ste 105, Morgan Hill, CA 95037-7311

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 September 5, 2019 are based upon availability. Final payment due by January 11, 2020. Deposits are refundable up until September 12, 2019. 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	da	ay year
Address:		City:		State:	Zip Code:
Phone: ()	Cell: ()		_ Email Address	Σ
Passport Number:	Expiration [Date: (month/day	//year)	Date of Issuance	e: (month/day/year)
City, State, Country of Issuance:				Citizenship:	
Should you become ill or injured, whom	should we contact ((not traveling w	rith you):	PI	hone: ()
ROOMING WITH: Check if address is	the same as Passen	ger #1			
First:	Middle:		Last:		Suffix:
Air Seat Request: () Aisle () Window Collette cannot guarantee your seat preference. Please be advised, when traveling as part of a given Please reserve an upgrade to Elite Airfare of Service is limited and not available on all flight same flight schedule as the group. If Busine Are you willing to separate from the group ai "Federal law forbids carriage of hazardous mate baggage. A violation can result in 5 years' imprinttp://www.tsa.gov/traveler-information/prohibite TRAVEL PROTECTION: () Yes, I wish to If you choose not to purchase Collette's Waiver I Waiver Fee does not cover any single supplement will be deducted from the refund of covered reasons. See Part B for details.) OPTIONAL TOUR ACTIVITIES: () Medieval Banquet - Limerick \$10 () Guinness Storehouse Irish Night \$11 PLEASE MAKE CHECKS PAYABLE TO:	If you have not purchas froup, many airlines do not an additional rate of ghts or carriers. Other ess class service has a service has reschedule to accommodate and penalties delitems." In purchase travel proteins arrance Plan, you will ent charges which arise the person who cancels the	sed air through Conot provide seat a of: Busines restrictions madeen purchased nodate your upgrifireworks, lithium toof \$250,000 or morection \$315 (incur penalties for from an individual of there is coveral.	ssignments. Preferred seatings Class \$4,190 y apply. Please note: if your it is for the international ade request? () Yes (patteries & flammable liquidate. Details on prohibited ite.) No, I decline changes and cancellations. Its traveling companion electing ge under Part B which includes	ng may be available ou purchase an uportion of the jour No saboard the aircraters may be found. Travel Protectioning to cancel for aircraters and the same of the	le for an additional charge. upgrade we cannot guarantee the urney only. If in your checked or carry-on on TSA's "prohibited items" web page: Payment is due with first deposit. The ny reason prior to departure. The single
Waiver/Insurance Amount: \$	Deposit Amoun	t: \$	Optional Tours: \$	Total <i>F</i>	Amount Enclosed: \$
Cardholder Name (if paying by Credit Card):				
Cardholder Billing Address: Check if add	dress is the same as ab	ove			
Cardholder Phone:			Amount: \$		
Credit Card Number:			t to credit card use:	te: M M Y	CSC Code

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/about-collette/terms-and-conditions 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.