

For Reservations Contact: Sarah Cassidy-Hipsher (850) 645-6071 email: scassidyhipsher@fsu.edu WFSU Public Media, 1600 Red Barber Plz, Tallahassee, FL 32310-6068

A deposit of \$600 per person is due upon reservation. Reservations are made on a first come, first served basis. Reservations made after the deposit due date of January 31, 2022 are based upon availability. Final payment due by June 07, 2022. Deposits are refundable up until February 07, 2022.

YOUR INFORMATION: In order to avoid any unnecessary change fees, it is imperative that all guest names are entered correctly. The information below must be 100% identical to your passport.

First:	Middle:		_Last:			Suffix:
Nickname:	_ Gender: () Male	() Female	Date of Birth: month		_ day	year
Address:		City:		State:	2	Zip Code:
Phone: ()	Cell: ()		Email Add	ress:	
Passport Number:	Expiration D	ate: (month/day	/year)	_Date of Issua	ance: (month/da	ay/year)
City, State, Country of Issuance:				_Citizenship: _		
Should you become ill or injured, whom s	should we contact (r	not traveling w	ith you):		Phone: ()
ROOMING WITH: Check if address is t	the same as Passeng	er #1				
First:	Middle:		_Last:			Suffix:
AIR GATEWAY: Departure airport for this to Air Seat Request: () Aisle () Window Collette cannot guarantee your seat preference.	our: ()Next To Traveling	g Companion				
Please reserve an upgrade to Elite Airfare for	or an additional rate of	f: 🗌 Busines	s Class \$3,890			
Service is limited and not available on all flig same flight schedule as the group. If Busines Are you willing to separate from the group air s TRAVEL PROTECTION: () Yes, I wish to p If you choose not to purchase Collette's Waiver In: Waiver Fee does not cover any single supplement supplement will be deducted from the refund of the	ss class service has t schedule to accommod purchase travel prote surance Plan, you will in at charges which arise fr	been purchased date your upgrad ction \$399 () cur penalties for c	, it is for the internation le request?() Yes ()) No, I decline changes and cancellations	al portion of th No	e journey only. on Payment is du	ue with first deposit. The
ON TOUR ACTIVITIES: Please choose on () Panoramic Coach tour of Edinburgh wit () Walking tour of Edinburgh's Royal Mile	h Holyrood Palace	n tour activities	3			
PLEASE MAKE CHECKS PAYABLE TO: (
Waiver/Insurance Amount: \$	Deposit Amo	ount: \$	Total a	mount enclose	d: \$	
Cardholder Name (if paying by Credit Card):						
Cardholder Billing Address: Check if add	ress is the same as abo	ve				
Cardholder Phone:			Amount: \$			
Credit Card Number:			Exp Date &	CVV:	Y Y CV	V
SIGNATURE REQUIRED for acceptance of	the below conditions	and agreement	to credit card use:			
I agree to pay according to the card issuer agree collette/terms-and-conditions for full terms and co	ment. I understand and onditions of your purcha	accept the cance se.	llation policy, terms and c	_Date: onditions. See h	ittp://www.gocollo	ette.com/about-

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.