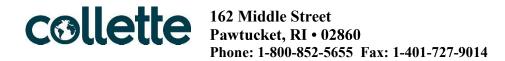
CA	llett	e
		-

For Reservations Contact: Donny Roach (903) 593-2300 email: donny@goamericantours.com American Tours, PO Box 8723, Tyler, TX 75711-8723

A deposit of \$698 per person is due upo September 18, 2024 are based upon ava YOUR INFORMATION: Clearly print your full name (first/middle/la IMPORTANT: In order to avoid any unnece the legal name and be 100% identical to th	n reservation. Reservation ilability. Final payment du st) as it appears on your essary change fees, it is imp	e by October 04, 2 government issue erative that all gue	2024. Deposits are refun ed travel documentation st names are entered corr	idable up until September on. rectly from the start. The ir	25, 2024.
First:			-		Suffix:
Nickname:					
Address:					
Phone: ()	Cell: ()		Email Address:	
Passport Number:					
City, State, Country of Issuance:				_ Citizenship:	
Should you become ill or injured, w	hom should we contact	(not traveling w	/ith you):	Phone:	()
ROOMING WITH: Check if addre	ss is the same as Passer	nger #1			
First:	Middle:		_ Last:		Suffix:
AIR GATEWAY: Departure airport for Air Seat Request: () Aisle () Wind Collette cannot guarantee your seat prefer Please be advised, when travelling as part Please reserve an upgrade to Elite Aird Service is limited and not available on same flight schedule as the group. If B Are you willing to separate from the groug "Federal law forbids carriage of hazardous baggage. A violation can result in 5 years' http://www.tsa.gov/traveler-information/pro TRAVEL PROTECTION: () Yes, I wis If you choose not to purchase Collette's Wai Fee does not cover any single supplement supplement will be deducted from the refur covered reasons. See Part B for details.) PLEASE MAKE CHECKS PAYABLE	ow () Next To Travelin ence. If you have not purcha of a group, many airlines do fare for an additional rate all flights or carriers. Othe usiness class service has o air schedule to accommod materials such as aerosols, imprisonment and penalties hibited-items." h to purchase travel prote ver Insurance Plan, you will in charges which arise from ar d of the person who cancels	g Companion sed air through Co of provide seat a of: Busines er restrictions ma been purchased date your upgrade fireworks, lithium h of \$250,000 or mo ction \$449 () neur penalties for co n individual's travel s. (There is covera	ssignments. Preferred se sc Class \$3,290 y apply. Please note: if t, it is for the internatior request? () Yes () N patteries & flammable liqu ore. Details on prohibited No, I decline hanges and cancellations. ing companion electing to ge under Part B which inc	ating may be available for a you purchase an upgrad nal portion of the journey No ids aboard the aircraft in yo items may be found on TS. Travel Protection Payment i o cancel for any reason prio	an additional charge. de we cannot guarantee the only. our checked or carry-on A's "prohibited items" web page: is due with first deposit. The Waiver r to departure. The single
Waiver/Insurance Amount: \$		()		mount enclosed: \$	
Cardholder Name (if paying by Credit (Card):				
Cardholder Billing Address: Check	if address is the same as at	oove			
Cardholder Phone:			Amount: \$		
Credit Card Number:			Expiration D	ate:	
SIGNATURE REQUIRED for acceptar	nce of the below condition	s and agreemen	t to credit card use:		
collette/terms-and-conditions for full terms	and conditions of your purch	u accept the cance lase.	mation policy, terms and t	onutions. See http://www.	yoconelle.com/aboul-

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.



If paying by credit card, please complete this form and return to American Tours. 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: 1196656
DEPARTURE DATE: December 3, 2024

TOUR: Iceland's Magical Northern Lights GROUP NAME: American Tours

Name of Passe						
Salutation:	First Name:	Middle Initia	ıl: Last Na	ime:	Suffix:	
(Mr., Mrs., Rev.)		(Please print as	Middle Initial: Last Name:			
Cardholder]						
	(Please print as it appears	on your Credit Card)				
Cardholder A	Address:					
	(as it appears on your c	redit card statement)				
	Phone: 1 Type: America		scover	MasterCard	Visa	
Credit Card	•••	·		-		
Expiration Date:		Am	ount to be c	harged: \$		
Cardholder'	s Signature:			Date:		

I agree to pay according to the card issuer agreement. I understand and accept Collette 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:

American Tours Attn: Donny Roach PO Box 8723 Tyler, TX 75711-8723

Above credit card information has been called in to Collette.