



# AMA WATERWAYS - GEMS OF SOUTHEAST EUROPE

## MAY 30, 2021 – JUNE 6, 2021

REV 021220 0937

### PERSONAL INFORMATION AND TRAVEL PREFERENCES

PLEASE COMPLETE ONE PER PERSON. PRINT NAME EXACTLY AS IT APPEARS ON YOUR PASSPORT

NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ GENDER \_\_\_\_\_ COUNTRY OF CITIZENSHIP \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

CELL PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

EMERGENCY CONTACT NAME AND PHONE \_\_\_\_\_

DIETARY RESTRICTIONS \_\_\_\_\_

SHARE STATEROOM WITH \_\_\_\_\_

CATEGORY CHOICE (PLEASE REFER TO PRICING GRID ON BROCHURE) \_\_\_\_\_ BEDDING CHOICE  ONE BED  TWO BEDS

**VALID PASSPORT (WITH AT LEAST 6 MONTHS VALIDITY FROM YOUR RETURN TRAVEL DATE) IS REQUIRED.  
PLEASE ATTACH A COPY OF YOUR PASSPORT TO THIS REGISTRATION FORM.**

WOULD YOU LIKE TO PURCHASE GROUP AIRFARE?  YES  NO (SCHEDULES AND RATES TO BE ADVISED BY JUNE, 2020)

ARE YOU INTERESTED IN THE OPTIONAL **PRE** LAND PACKAGE?  YES  NO OPTIONAL **POST** LAND PACKAGE?  YES  NO

WOULD YOU LIKE A TRANSFER FROM RICHMOND TO DULLES? COST IS TBD BASED ON NUMBER OF PASSENGERS.  YES  NO

#### PAYMENT SCHEDULE

**DEPOSIT\*: \$ 500.00 PER PERSON – DUE IMMEDIATELY**  
NO RESERVATION WILL BE HELD WITHOUT A DEPOSIT AND A SIGNED REGISTRATION FORM.

\* PAYMENTS WILL NOT BE PROCESSED UNTIL TRIP REACHES MINIMUM SIZE OF 10 PAID STATEROOMS OR 4/15/2020 WHICHEVER COMES FIRST.

**DEPOSIT: \$ 1,500.00 PP DUE ON OR BEFORE 6/15/2020**

**BALANCE: DUE ON OR BEFORE 1/15/2021**

#### CANCELLATION AND REFUND POLICY

##### CANCELLATION RECEIVED

AFTER FIRST DEPOSIT TO 4/15/20  
4/16/20 – DAY OF DEPARTURE

##### PENALTY AMOUNT

\$500 PER PERSON  
100% PER PERSON

IF YOU CANCEL YOUR BOOKING AFTER 4/15/20 AND PRIOR TO MAKING FINAL PAYMENT, YOUR CREDIT CARD WILL BE CHARGED FOR THE REMAINDER OF THE TRIP COST.

IF YOU PURCHASE TRIP INSURANCE FOR THE FULL AMOUNT OF THE TRIP PRIOR TO CANCELLATION, AND YOU CANCEL FOR A COVERED REASON, YOU WILL BE REFUNDED THE FULL COST OF YOUR TRIP (MINUS THE INSURANCE PREMIUM) FROM THE INSURANCE COMPANY ONCE YOUR CLAIM IS COMPLETED.

#### CANCELLATION/REFUND POLICY CONTINUED

TRIP COST IS BASED ON A MINIMUM OF 10 PAID STATEROOMS. CANCELLATION PENALTIES WILL NOT BE CHARGED IF GROUP FAILS TO REACH MINIMUM SIZE.

#### TRAVEL INSURANCE PRICING

##### COVERAGE PROVIDED BY ALLIANZ GLOBAL ASSISTANCE

TOTAL TRIP COST PER PERSON		POLICY COST PER PERSON
\$3,001	\$3,500	\$226
\$3,501	\$4,000	\$254
\$4,001	\$4,500	\$283
\$4,501	\$5,000	\$312
\$5,001	\$5,500	\$342
\$5,501	\$6,000	\$373
\$6,001	\$6,500	\$405
\$6,501	\$7,000	\$438
\$7,001	\$8,000	\$503
\$8,001	\$9,000	\$571
\$9,001	\$10,000	\$641
\$10,001	\$11,000	\$714

**PAYMENT AND CREDIT CARD AUTHORIZATION**

I AM ENCLOSING CHECK # \_\_\_\_\_ IN THE AMOUNT OF \$ \_\_\_\_\_ FOR \_\_\_\_\_ TRAVELER(S) (MINIMUM DEPOSIT \$500.00 PER PERSON). I AUTHORIZE THE USE OF MY CREDIT CARD IN CASE OF CANCELLATION, VIA THE CREDIT CARD AUTHORIZATION BELOW, PER THE CANCELLATION AND REFUND POLICY.

CHARGE MY CREDIT CARD BELOW FOR THE DEPOSIT AMOUNT OF \$ \_\_\_\_\_ FOR \_\_\_\_\_ TRAVELER(S) (MINIMUM DEPOSIT \$500.00 PER PERSON). I AUTHORIZE THE USE OF MY CREDIT CARD IN CASE OF CANCELLATION, VIA THE CREDIT CARD AUTHORIZATION BELOW, PER THE CANCELLATION AND REFUND POLICY.

I WOULD LIKE TO PURCHASE AN ALLIANZ GLOBAL ASSISTANCE TRAVEL INSURANCE POLICY TO COVER

CRUISE ONLY  CRUISE & AIR PACKAGE  CRUISE, AIR & HOTEL PACKAGE

I WILL PAY BY  CREDIT CARD  CHECK # \_\_\_\_\_

**CREDIT CARD INFORMATION**

CREDIT CARD TYPE  AMERICAN EXPRESS  DISCOVER  MASTERCARD  VISA

ACCOUNT # \_\_\_\_\_ SECURITY CODE \_\_\_\_\_ EXP. DATE \_\_\_\_\_

NAME OF CARDHOLDER \_\_\_\_\_

BILLING ADDRESS AND PHONE IF DIFFERENT THAN REGISTRATION \_\_\_\_\_

WOULD YOU LIKE TO USE THIS CARD FOR ALL FUTURE PAYMENTS?  YES  NO

I AGREE TO PAY ACCORDING TO THE CARD ISSUER AGREEMENT. I UNDERSTAND AND ACCEPT THE TOUR PLAN INTERNATIONAL AND AMA WATERWAYS CANCELLATION POLICY, PASSPORT REQUIREMENTS, TERMS AND CONDITIONS. I AUTHORIZE THE USE OF MY CREDIT CARD AS A GUARANTEE FOR CANCELLATION.

PASSENGER SIGNATURE \_\_\_\_\_

**MARKETING PERMISSION**

**I AGREE TO THE FOLLOWING MARKETING PERMISSIONS:**

EMAIL COMMUNICATIONS:  YES  NO

INCLUSION IN GROUP DIRECTORIES:  YES  NO

USE OF LIKENESS IN PHOTOGRAPHIC MARKETING MATERIALS:  YES  NO

**PAYMENTS MAY BE MADE BY CHECK, CASH OR CREDIT CARD AND MADE PAYABLE TO: TOUR PLAN INTERNATIONAL, LTD.**

**SUBMIT COMPLETED REGISTRATION FORM BY:**

**EMAIL TO: S.CAPOCELLI@TOURPLANINTERNATIONAL.COM OR B.CAREY@TOURPLANINTERNATIONAL.COM**

**FAX TO: 804-353-2947**

**MAIL TO: STELLA CAPOCELLI CARTER, TOUR PLAN INTERNATIONAL, 4915 FITZHUGH AVENUE, RICHMOND VA 23230**

**QUESTIONS OR CONCERNS? CONTACT TOUR PLAN INTERNATIONAL AT 804-359-3217**

[WWW.TOURPLANINTERNATIONAL.COM](http://WWW.TOURPLANINTERNATIONAL.COM)