

For Reservations Contact: Randy Ross (519) 674-2187 email: hughestravel@bell.net
Hughes Travel, PO Box 1197, 14 Kyle Drive, Ridgetown, ON N0P2C0

A deposit of \$500 per person is due upon reservation. If you purchase our Travel Protection Plan, the deposit is only \$250 per person plus the cost of the insurance. Reservations are made on a first come, first served basis. Reservations made after the deposit due date of April 23, 2018 are based upon availability. Final payment due by August 31, 2018. Deposits are refundable up until April 30, 2018.

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 _____ day _____ year _____

Address: _____ City: _____ Province: _____ Postal Code: _____

Phone: () _____ Cell: () _____ Email Address: _____

Passport Number: _____ Expiration Date: (dd/mm/yy) _____ Date of Issuance: (dd/mm/yy) _____

City, Province, Country of Issuance: _____ Citizenship: _____

Should you become ill or injured, whom should we contact (not travelling with you): _____ Phone: () _____

ROOMING WITH: Check if address is the same as Passenger #1

First: _____ Middle: _____ Last: _____ Suffix: _____

AIR GATEWAY: Departure airport for this tour: _____

Air Seat Request: () Aisle () Window () Next To Travelling Companion

Collette cannot guarantee your seat preference. If you have not purchased air through Collette and wish to purchase transfers, you must transfer at our pre-scheduled times. Please be advised, when travelling as part of a group, many airlines do not provide seat assignments. Preferred seating may be available for an additional charge.

"Federal law forbids carriage of hazardous materials such as aerosols, fireworks, lithium batteries & flammable liquids aboard the aircraft in your checked or carry-on baggage. A violation can result in 5 years' imprisonment and penalties of \$250,000 or more. Details on prohibited items may be found on TSA's "prohibited items" web page: <http://www.tsa.gov/traveller-information/prohibited-items>."

TRAVEL PROTECTION: () Yes, I wish to purchase travel protection \$350 () No, I decline

If you choose not to purchase Collette's Waiver Insurance Plan, you will incur penalties for changes and cancellations. Travel Protection Payment is due with first deposit. The Waiver Fee does not cover any single supplement charges which arise from an individual's travelling companion electing to cancel for any reason prior to departure. The single supplement will be deducted from the refund of the person who cancels. (There is coverage under Part B which includes a single supplement benefit of \$1,000 for certain covered reasons. See Part B for details.)

EXTENSION: I wish to purchase "4-Night Madeira Island" () Yes () No

ON TOUR ACTIVITIES: Please choose one of the following on tour activities

() Lisbon Panoramic City Tour

() Alfama District Walking Tour

PLEASE MAKE CHEQUES PAYABLE TO: Hughes Travel () Cheque () Credit Card

Waiver/Insurance Amount: \$ _____ Deposit Amount: \$ _____ Total amount enclosed: \$ _____

Cardholder Name (if paying by Credit Card): _____

Cardholder Billing Address: Check if address is the same as above _____

Cardholder Phone: _____ Amount: \$ _____

Credit Card Number: _____ Expiration Date: _____
M M Y Y

SIGNATURE REQUIRED for acceptance of the below conditions and agreement to credit card use:

Date: _____

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.

Please fill out and return

TOUR: Sunny Portugal Estoril Coast, Alentejo & Algarve
GROUP NAME: Hughes Travel

DEPARTURE DATE: Oct 30, 2018
BOOKING NUMBER: 822075

AVAILABLE PREPAID OPTIONS

Personalize your tour by adding an optional activity below. Our recommended options have been carefully chosen to help enhance your individual experience. Complete the provided Prepaid Options Form to reserve your options.

Availability is limited and reservations are on a first come, first served basis. Payment must be received no later than 15 days prior to departure. Prices are subject to change. Children under the age of 18 **MUST** be accompanied by an adult.

PASSENGERS NAME: (Please submit a separate form for each passenger)

Salutation: _____ First: _____ Middle: _____ Last: _____ Suffix: _____ Nickname: _____
(Mr., Mrs., Rev.) (Please print **EXACTLY** as it appears on Passport) (Jr., Sr.)

✓	Option	Price Per Person (CAD)
_____	Dinner at Cozinha Velha Restaurant (The Old Kitchen), Queluz Palace	115.00
_____	Algarve's Coastal Cruise and Lunch	134.00

Please make cheques payable to Hughes Travel and send to:

Hughes Travel
Attn: Randy Ross
PO Box 1197
14 Kyle Drive
Ridgetown, ON N0P2C0



40 Queen Street South
Mississauga, ON • L5M 1K3
Phone: 1-866-358-0333 Fax: 800-438-0080

If paying by credit card, please complete this form and return to Hughes Travel. 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: 822075

TOUR: Sunny Portugal **Estoril Coast, Alentejo & Algarve**

DEPARTURE DATE: October 30, 2018

GROUP NAME: Hughes Travel

Name of Passenger:

Salutation: _____ First Name: _____ Middle Initial: _____ Last Name: _____ Suffix: _____
(Mr., Mrs., Rev.) (Please print as it appears on Passport) (Jr., Sr.)

Cardholder Name: _____
(Please print as it appears on your Credit Card)

Cardholder Address: _____
(as it appears on your credit card statement)

Cardholder Phone: _____

Credit Card Type: ___ American Express ___ MasterCard ___ Visa

Credit Card Number: _____

Expiration Date: _____ Amount to be charged: \$ _____

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:

Hughes Travel
Attn: Randy Ross
PO Box 1197
14 Kyle Drive
Ridgetown, ON N0P2C0

Above credit card information has been called in to Collette.