## O'BRIEN ESTATE

Optional 3-Night Pre-Cruise Registration Form | "Meet Me in Paris" | September 05 – 08, 2019

## FAX COMPLETED FORM TO (707) 526-9147 OR EMAIL LANDTOURMANAGER@FOODANDWINETRAILS.COM

CLEARLY PRINT NAMES OF ALL PEOPLE REGISTERING FOR THIS TOUR. TOURS ARE LIMITED IN SIZE AND SOLD ON A FIRST COME FIRST SERVE BASIS.

| Guest #1  |   | Mobili                                      | Mobility / Dietary issues:Mobility / Dietary issues: |                |                    |  |  |  |  |  |
|---|---|---|--|----------------|--------------------|--|--|--|--|--|
| Guest #2  |   | Мовіці                                      |  |                |                    |  |  |  |  |  |
| Traveling with friends? :   |   |   |  |                |                    |  |  |  |  |  |
| PRE-CRUISE PARIS PACKAG   | \$ <b>1,949.00</b> PER P                          | erson X 2 =                                 | \$3,898.00   | \$             |                    |  |  |  |  |  |
| L'HÔTEL BEL-AMI   SUPERI  | ONE BED   | BE GUARANTEED                               |  |                |                    |  |  |  |  |  |
| SINGLE RATE:  | .00 + \$799.00 single                             | 0 + \$799.00 SINGLE SUPPLEMENT = \$2,748.00 |  |                |                    |  |  |  |  |  |
| OPTIONAL ROOM UPGRAD  | <b>DE</b>   RATES ARE PER ROOM FOR                | THREE NIGHTS AND ARE                        | BASED ON DOUB  | LE OCCUPANCY A | AND AVAILABILITY:  |  |  |  |  |  |
|   | E TO EXECUTIVE ROOM:<br>E TO DELUXE ROOM:         | \$117.00<br>\$580.00                        |  |                |                    |  |  |  |  |  |
| INDEDENDENT DOOM NICH   | ITC   D. T.   |   |  |                | \$                 |  |  |  |  |  |
| NDEPENDENT ROOM NIGH  | 115   KATES ARE PER ROOM PE                       |   | O ON DOUBLE OCC                                      | CUPANCY AND AV | /AILABILITY:       |  |  |  |  |  |
|   | SUPERIOR ROOM:<br>EXECUTIVE ROOM:<br>DELUXE ROOM: | \$552.00<br>\$591.00<br>\$745.00            |  |                |                    |  |  |  |  |  |
| Arrival Date  | TOTAL ROOM NIGHTS:                                |   |  |                | \$                 |  |  |  |  |  |
|   |   |   | Т  | OTAL DUE       | \$                 |  |  |  |  |  |
| ICREASE TRAVEL INSURANC<br>DDITIONAL COVERAGE MUST BE ADI<br>DUR TRAVEL ADVISOR WILL PROVID | DED AT THE TIME OF BOOKING FO                     | OR POLICY TO EXTEND TO                      | AND COVER PRE  | E-EXISTING CON | YES NO<br>ditions. |  |  |  |  |  |
| AYMENT METHOD:  | AMERICAN  | I EXPRESS                                   | MasterC  | ARD            | VISA               |  |  |  |  |  |
| LEASE ENTER CREDIT CARD #   |   |   | Exp: _   |                | _ CVV:             |  |  |  |  |  |
|   |   | <br>GNATURE                                 |  |                | <br>Дате           |  |  |  |  |  |
| rint Name on Card   | 510   | SINTIONE                                    |  |                | 27.112             |  |  |  |  |  |

TO TO TOUR IS BASED ON CURRENT EXCHANGE RATES AND MINIMUM PARTICIPATION. TOUR PRICE MAY INCREASE WITH SIGNIFICANT CHANGE IN EXCHANGE RATE OR IF MINIMUM Participation is not met; (3) F&WT reserves the right to cancel tour and refund money with no liability up to 90 days prior to sailing. We advise against

purchasing related travel services that include penalties until after that time; (4) We reserve the right to substitute wineries and features to comparable

FACILITIES AND SERVICES WITHOUT NOTICE.

LIMITED POWER OF ATTORNEY FOR FOOD & WINE TRAILS (F&WT) TO USE MY CREDIT CARD: I HEREBY AUTHORIZE F&WT TO ACT UPON MY INSTRUCTIONS BY PHONE OR THROUGH THIS FORM TO CHARGE MY CREDIT CARD FOR EXPENSES ARISING FROM TRAVEL ARRANGEMENTS MADE BY F&WT. I HEREBY RATIFY ANY INSTRUCTIONS GIVEN PURSUANT TO THIS AUTHORIZATION AND AGREE NEITHER THAT F&WT, NOR ANY OF ITS EMPLOYEES OR REPRESENTATIVES WILL BE HELD LIABLE FOR ANY LOSS, LIABILITY OR EXPENSE ACTING upon such instructions believed by them to be genuine. I agree to pay for any and all legal or collection fees combined with a 10% annual interest rate should it necessary to collect any credit card charges refused by me or rejected by the credit card company. This agreement shall be interpreted under, AND THE LAWS OF THE STATE OF CALIFORNIA HERETO SHALL GOVERN PERFORMANCE OF THE PARTIES, AND ANY ACTION HEREUNDER SHALL BE COMMENCED AND MAINTAINED IN SONOMA COUNTY. I HAVE READ AND ACCEPT THESE TERMS & CONDITIONS. PLEASE SIGN OR TYPE NAME IN LIEU OF SIGNATURE:

| Guest #1 Signature |                | <br>Date                    | Guest #2 Signature                     |                           | DATE        |
|--------------------|----------------|-----------------------------|--|---------------------------|-------------|
| FOOD & WINE TRAILS | ADELMAN TRAVEL | 141 STONY CIRCLE. SUITE 260 | , SANTA ROSA, CA 95401   (800)367-5348 | CST: 2020386-40   PRE TOU | JR REG FORM |