

PASSENGER #1 NAME ON PASSPORT \_\_\_\_\_

PREFERRED/ NAME BADGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY / STATE / ZIP \_\_\_\_\_

PHONE (PRIMARY) \_\_\_\_\_ (TRAVEL CELL#) \_\_\_\_\_ EMAIL \_\_\_\_\_

PASSENGER #2 NAME ON PASSPORT \_\_\_\_\_

PREFERRED/ NAME BADGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

[ SAME AS ABOVE] ADDRESS \_\_\_\_\_ CITY / STATE / ZIP \_\_\_\_\_

PHONE (PRIMARY) \_\_\_\_\_ (TRAVEL CELL#) \_\_\_\_\_ EMAIL \_\_\_\_\_

PASSENGER #1 – *FWT REQUIRES COPY OF PASSPORT WITHIN 30 DAYS OF BOOKING		PASSENGER #2 – *FWT REQUIRES COPY OF PASSPORT WITHIN 30 DAYS OF BOOKING	
PASSPORT NUMBER:	EXP DATE:	PASSPORT NUMBER:	EXP DATE:
BIRTHPLACE/CITIZENSHIP:		BIRTHPLACE/CITIZENSHIP:	
EMERGENCY CONTACT (NOT TRAVELING WITH YOU):		EMERGENCY CONTACT (NOT TRAVELING WITH YOU):	
RELATION:		RELATION:	
EMERGENCY PHONE:		EMERGENCY PHONE:	

PASSENGERS MUST PROVIDE PROPER IDENTIFICATION TO BOARD THE SHIP. USA AND CANADIAN CITIZENS MUST PRESENT A VALID PASSPORT. (NAME ON ALL CRUISE DOCUMENTS MUST BE THE SAME AS YOUR PASSPORT.) PLEASE VISIT WWW.TRAVEL.STATE.GOV FOR DETAILS.

DESCRIBE ANY MEDICAL, DIETARY OR ACCESSIBILITY ISSUES: \_\_\_\_\_

TRAVELING W/ FRIENDS? WHO \_\_\_\_\_ MAY WE SHARE YOUR CONTACT INFORMATION WITH CRUISE HOST? YES

CELEBRATION DATE: \_\_\_\_\_ BIRTHDAY ANNIVERSARY OTHER \_\_\_\_\_

**PRICES:** PRICES ARE QUOTED IN U.S. DOLLARS, ARE PER PERSON, BASED ON DOUBLE OCCUPANCY AND INCLUDE 7 NIGHTS SHIPBOARD ACCOMMODATIONS, DINING ROOM MEALS, UNLIMITED COMPLIMENTARY WINE, BEER AND SOFT DRINKS WITH LUNCH AND DINNER ON BOARD, FINE DINING AT THE CHEF'S TABLE AND MAIN RESTAURANT, SIP & SAIL COCKTAIL HOUR, MOST ONBOARD ENTERTAINMENT, GOVERNMENT TAXES, LIMITED TRAVEL MANAGEMENT SERVICES & PRIVATE ON BOARD WINE PROGRAM. PRICES DO NOT INCLUDE, FLIGHTS, TRANSFERS (IF AMA AIR SERVICES ARE NOT PURCHASED), VISAS (IF APPLICABLE), OPTIONAL EXCURSIONS, PRE-PAID CHARGES, PERSONAL CHARGES OR OPTIONAL FACILITIES AND SERVICE FEES. F&WT AND AMAWATERWAYS RESERVE THE RIGHT TO CORRECT ERRORS OR OMISSIONS AND TO CHANGE ANY AND ALL FARES OR FEES. PRICES WILL NOT INCREASE AFTER YOU MAKE FULL PAYMENT, EXCEPT FOR CHARGES RESULTING FROM INCREASES IN GOVERNMENT-IMPOSED TAXES, FEES OR FUEL SURCHARGES.

**PRICES BELOW ARE CRUISE ONLY WITH PRIVATE WINE PROGRAM**

CHECK CATEGORY	CATEGORY	PER PERSON PRICE BASED ON DBL. OCC.	CHECK CATEGORY	CATEGORY	PER PERSON PRICE BASED ON DBL. OCC.
	Cat.S – Suite with Outside Balcony - Porto Deck	\$8,208.00		Cat.C – French Balcony - Porto Deck	\$5,608.00
	Cat.A – Outside Balcony - Porto Deck	\$6,508.00		Cat.D – Fixed Window - Douro Deck	\$4,808.00
	Cat.B – Outside Balcony - Lisbon Deck	\$6,208.00		Cat.E – Fixed Window - Douro Deck	\$4,509.00

Book by June 30, 2022 to receive an additional \$250 off per person

ALL STATEROOM/SUITE CATEGORIES, ARE SUBJECT TO AVAILABILITY AND PRICING INCREASES. PLEASE INQUIRE WITH YOUR TRAVEL ADVISOR FOR MORE INFORMATION.

**AIR:** AIR TRAVEL IS NOT INCLUDED IN CRUISE PRICE ABOVE. WE CAN ASSIST BOOKING YOUR FLIGHTS THROUGH AMA WATERWAYS. WHICH PROVIDES YOU WITH OUR EXPERTISE, THE BEST MARKET RATE. A \$50 PER PERSON F&WT AIR MANAGEMENT FEE WILL APPLY. NOTE SOME RESTRICTIONS AND ADDITONAL FEES MAY APPLY. PLEASE INDICATE YOUR PREFERENCE: **PREFERRED GATEWAY CITY:** \_\_\_\_\_

**BOOK OWN AIR:** PLEASE INDICATE HERE IF YOU WISH TO BOOK YOUR OWN AIR FLIGHTS AND PROVIDE F&WT WITH YOUR CONFIRMED FLIGHT SCHEDULE.

**ARE YOU INTERESTED IN THE OPTIONAL PRE-CRUISE LAND PROGRAM?** YES NO

**TRAVEL INSURANCE:** F&WT STRONGLY RECOMMENDS YOU PURCHASE ALLIANZ TRAVEL INSURANCE, OR COMPARABLE COMPREHENSIVE TRAVEL POLICY. IT IS OUR POLICY TO INFORM EVERY TRAVELER OF THIS OPTION. NOTE THAT BY NO PURCHASING INSURANCE, YOU ASSUME ALL RISK OF LOSS. INSURANCE CAN ONLY CANCELLED WITHIN 10-DAYS OF ITS INITIAL PURCHASE IF DONE IN WRITING. REFER TO THE INSURANCE BROCHURE FOR DETAILS REGARDING COVERAGE CONDITIONS.

**DEPOSIT AND PAYMENTS: \$850.00 PER PERSON**

PAY BY: MASTERCARD / VISA / AMERICAN EXPRESS TOTAL DEPOSIT: \$ \_\_\_\_\_

CREDIT CARD Number \_\_\_\_\_ EXP \_\_\_\_\_

**PLEASE FAX TO OUR OFFICE AT (707) 346-5789**

PRINT NAME AS APPEARS ON CREDIT CARD \_\_\_\_\_

SIGNATURE OR TYPE NAME IN LIEU OF SIGNATURE - (I AUTHORIZE ADELMAN TRAVEL / F&WT TO CHARGE MY CREDIT CARD.) \_\_\_\_\_

**FINAL PAYMENT DUE ON: 03/30/23**

YES, I AUTHORIZE FINAL PAYMENT TO BE AUTOMATICALLY CHARGED ON THIS DATE TO THE CREDIT CARD LISTED

ABOVE. NOTE: IF YOU USE A DEBIT CARD TO PAY THE DEPOSIT, F&WT MAY NOT BE ABLE TO PROCESS YOUR FINAL PAYMENT, AND THEREFORE, REQUIRES AN ALTERNATE PAYMENT METHOD FOR FINAL PAYMENT. IF FINAL PAYMENT IS NOT RECEIVED BY THE DATE SPECIFIED ABOVE, YOUR SPACE ON THIS CRUISE AND PRE-TOUR WILL BE RELEASED AND APPLICABLE CANCELLATION FEES APPLIED. MANY TRAVEL SUPPLIERS NOW PROCESS CREDIT CARDS INTERNATIONALLY, AND YOUR CREDIT CARD BANK MAY CHARGE A FOREIGN TRANSACTION FEE. PLEASE CONTACT YOUR CREDIT CARD ISSUER TO SEE IF THIS APPLIES.

**TERMS AND CONDITIONS**

**PAYMENT & CANCELLATION SCHEDULE:** ANY REFUND OR CHANGE REQUESTS RELATING TO THE CRUISE, INCLUDING AIRFARE, MUST BE RECEIVED BY F&WT IN WRITING AND DOCUMENTS RETURNED. ONCE FLIGHTS ARE BOOKED THEY ARE NON-REFUNDABLE. CANCELLATION FEES APPLY TO NAME CHANGES. CANCEL FEES CANNOT BE APPLIED OR MOVED TO ANOTHER SAILING. "I AUTHORIZE ADELMAN TRAVEL SYSTEMS INC/ F&WT TO CHARGE MY CREDIT CARD IF I CANCEL THIS BOOKING, PURSUANT TO THE CANCELLATION SCHEDULE AND FEES SET FORTH BELOW:

All SUITE & STATEROOM CATEGORIES		
FROM	TO	FEE
DATE OF BOOKING	03/02/23	\$300 PER PERSON
03/03/23	03/30/23	\$850 PER PERSON (PLUS AIRFARE IF APPLICABLE)
03/31/23	05/01/23	45% FULL FARE
05/02/23	06/01/23	60% FULL FARE
06/02/23	06/23/23	90% FULL FARE
06/24/23		100% FULL FARE

[CLICK HERE TO READ FOOD & WINE TRAILS COMPLETE TERMS AND CONDITIONS.](#)

[CLICK HERE TO READ AMAWATERWAYS' GUEST TICKET/CONTRACT.](#)

**RESPONSIBILITY:** PASSENGER ACKNOWLEDGES (I) SPONSORING WINERIES ARE RESPONSIBLE FOR THE WINE EDUCATION PROGRAM, WHICH IS NOT CONNECTED IN ANY WAY WITH ADELMAN TRAVEL SYSTEMS INC. / F&WT AND RESERVES THE RIGHT TO SUBSTITUTE PROGRAM ELEMENTS AND PRESENTERS WITHOUT NOTICE; AND (II) AMAWATERWAYS IS RESPONSIBLE FOR THE CRUISE AND RELATED SERVICES, WHICH ALONG WITH ANY INCLUDED FREE AIR FARE, ARE GOVERNED BY AMAWATERWAYS' TERMS AND CONDITIONS AS NOTED IN THEIR CRUISE BROCHURE.

**TERMINATION:** THIS WINE EDUCATION CRUISE PROGRAM REQUIRES A MINIMUM NUMBER OF PARTICIPANTS AND F&WT RESERVES THE RIGHT TO CANCEL THE PROGRAM BEFORE THE FINAL PAYMENT DATE LISTED ABOVE IF SUCH MINIMUM NUMBER IS NOT ACHIEVED. UPON CANCELLATION F&WT WILL ISSUE A REFUND TO YOU AND YOU AGREE F&WT SHALL HAVE NO LIABILITY FOR SUCH CANCELLATION AS PROVIDED FOR ABOVE. PARTICIPANTS ARE ENCOURAGED NOT TO PURCHASE NON-REFUNDABLE AIRLINE TICKETS EARLIER THAN 90 DAYS BEFORE THE TOUR DEPARTURE DATE IN ORDER TO AVOID AIRLINE CANCELLATION PENALTIES.

**PHOTO RELEASE:** I UNDERSTAND AND AGREE THAT WHILE [DESCRIBE DUTIES OR ACTIVITIES], I MAY BE PHOTOGRAPHED AND/OR VIDEOTAPED FOR INTERNAL AND/OR PROMOTIONAL USE. I HEREBY GRANT AND CONVEY TO F&WT ALL RIGHT, TITLE, AND INTEREST, INCLUDING BUT NOT LIMITED TO, ANY ROYALTIES, PROCEEDS, OR OTHER BENEFITS, IN ANY AND ALL SUCH PHOTOGRAPHS OR RECORDINGS, AND CONSENT TO F&WT'S USE OF MY NAME, IMAGE, LIKENESS, AND VOICE IN PERPETUITY, IN ANY MEDIUM OR FORMAT (INCLUDING BUT NOT LIMITED TO BROCHURES, INVITATIONS, BOOKS, NEWSPAPERS, MAGAZINES, TELEVISION, WEBSITES), FOR ANY PUBLICITY WITHOUT FURTHER COMPENSATION OR PERMISSION.

**WAIVER:** F&WT HAS MADE REASONABLE ENQUIRIES AND NOTED SUPPLIERS HAVE UNDERTAKEN ENHANCED HEALTH AND SAFETY MEASURES REGARDING THE PANDEMIC PROTECTIVE POLICIES AND PRACTICES IN AN EFFORT TO MITIGATE THE RISK OF EXPOSURE TO CONTAGIOUS DISEASES. DESPITE THESE MEASURES, I UNDERSTAND THAT THE SUPPLIER(S) MAY NOT APPLY THOSE POLICIES AS DILIGENTLY AS THE POLICIES SUGGEST. PLEASE NOTE: EVEN IF THE SUPPLIER MAKES A GOOD FAITH EFFORT TO ENFORCE ITS GOOD PRACTICES, SOME TRAVELERS MAY SIMPLY REFUSE TO COOPERATE. I AM AWARE THAT THERE IS AN INHERENT RISK OF EXPOSURE TO CONTAGIOUS DISEASES AND BY CHOOSING TO CRUISE, FLY OR TOUR I VOLUNTARILY ASSUME ALL RISKS RELATED TO CONTAGIOUS DISEASES

**PLEASE CHECK THIS BOX INDICATING THAT YOU HAVE READ AND UNDERSTAND THE TERMS AND CONDITIONS SET FORTH.**

**PLEASE SIGN TO ACCEPT THE FOREGOING TERMS AND CONDITIONS OR TYPE NAME IN LIEU OF SIGNATURE:**

\_\_\_\_\_  
PASSENGER #1

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PASSENGER #2

\_\_\_\_\_  
DATE