THE DUCKHORN PORTFOLIO 2024 WESTERN EUROPE WINE ROUTE CRUISE

REFERRED By: Duckhorn Portfolio

F&WT

SILVERSEAS' SILVER DAWN | MAY 2 - 14, 2024 | PLEASE COMPLETE, SIGN, FAX (707) 346-5789

Passenge						
Preferred	/ NAME BADGE		DATE OF BIRTH			
Address_				CITY / STATE / ZIP		
PHONE (PF	RIMARY)	(Traveling Cell#)		EMAIL		
Passenge	R #2 NAME ON PASSPORT					
PREFERRED	/ Name Badge			DATE OF BIRTH	I <u> </u>	
[SAME	AS ABOVE] ADDRESS			CITY / STATE / ZIP		
PHONE (PF	PHONE (PRIMARY)(TRAVELING CELL#)			EMAIL		
PASSEN	GER #1 – *FWT REQUIRES COPY OF	PASSPORT WITHIN 30 DAYS OF I	BOOKING	PASSENGER #2 – *FWT RE	EQUIRES COPY OF PASSP	ORT WITHIN 30 DAYS OF BOOKING
PASSPOR	T NUMBER:	EXP DATE:		PASSPORT NUMBER:		EXP DATE:
BIRTHPLA	ACE/CITIZENSHIP:			BIRTHPLACE/CITIZENSHIP:		
EMERGE	NCY CONTACT (NOT TRAVELING WITH YOU):			EMERGENCY CONTACT (NOT TR	AVELING WITH YOU)::	
RELATION	N:			RELATION:		
EMERGE	NCY PHONE:			EMERGENCY PHONE:		
ISA & CANA	DIAN CITIZENS MUST PRESENT A VALID	PASSPORT. (NAME ON ALL CRUIS	ISE DOCUME	ENTS MUST BE THE SAME AS YOUR	Passport.) Visit <u>ww</u>	W.TRAVEL.STATE.GOV FOR DETAIL
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DEPOSITS & PAYMENTS: DEPOSITS DUE AT TIME OF BOOKING AND VARY BASED ON SELECTED CATEGORY, INCLUSIVE AIR, BUSINESS CLASS UPGRADES AND CRUISE ONLY RATES. FOR DEPOSIT AMOUNTS, PLEASE CONTACT YOUR FOOD & WINE TRAILS TRAVEL ADVISOR.

PRINT NAME AS APPEARS ON CREDIT CARD	SIGNATURE OR TYPE NAME IN LIEU OF SIGNATURE - (I AUTHORIZE F&WT TRAVEL GROUP/ F&WT TO CHARGE MY CREDIT CARD.)
PLEASE FAX TO OUR OFFICE AT (707) 346-5789.	
CREDIT CARD NUMBER:	EXP:
PAY BY: MASTERCARD / VISA / AMERICAN EXPRESS	TOTAL DEPOSIT: \$

FINAL PAYMENT DUE ON: DEC. 20, 2023

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 PAYMENTS NOT RECEIVED BY THE DATE SPECIFIED ABOVE, YOUR SPACE ON THIS CRUISE WILL BE RELEASED AND APPLICABLE CANCELLATION FEES APPLIED.

TERMS & 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. 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 STATEROOM CATEGORIES					
FROM	PER PERSON FEE				
DATE OF BOOKING	11/20/23	\$400 PER			
11/21/23	12/19/23	20% FULL FARE			
12/20/23	01/18/24	30% FULL FARE			
01/19/24	02/19/24	55% FULL FARE			
02/20/24	03/18/24	85% FULL			
03/19/24		100% FULL			

CLICK HERE TO READ FOOD & WINE TRAILS COMPLETE TERMS AND CONDITIONS

CLICK HERE TO READ SILVERSEAS' 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; (II) ALL ARRANGEMENTS MADE WITH THIRD PARTY SUPPLIERS ARE MADE SOLELY FOR THE CONVENIENCE OF GUESTS DONE AT THE GUESTS' OWN RISK AND ARE SUBJECT TO ALL TERMS AND CONDITIONS OF THE RESPECTIVE SUPPLIERS; AND (III) SILVERSEA CRUISES (SSC) IS RESPONSIBLE FOR THE CRUISE AND RELATED SERVICES, WHICH ALONG WITH ANY INCLUDED FREE AIR FARE, ARE GOVERNED BY SSC'S TERMS AND CONDITIONS AS NOTED IN THEIR CRUISE BROCHURE (SEE LINK ABOVE TO THESE TERMS).

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 NOT PURCHASING INSURANCE, YOU ASSUME ALL RISK OF LOSS. INSURANCE CAN ONLY BE CANCELLED WITHIN 10-DAYS OF ITS INITIAL PURCHASE IF DONE IN WRITING. REFER TO THE INSURANCE BROCHURE FOR DETAILS REGARDING COVERAGE COND

THE FINAL PAYMENT DATE LISTED ABOVE IF SUCH MINIMUM NUMBER IS NOT ACHIEVED. UPON SUCH PROGRAM CANCELLATION BY F&WT WILL ISSUE A REFUND OF PROGRAM FEES PAID BY YOU. PARTICIPANTS ARE ENCOURAGED TO FULLY READ AND BE AWARE OF AIRLINE CANCELLATION PENALTIES. ADELMAN TRAVEL SYSTEMS INC. /F&WT SHALL HAVE NO LIABILITY OF AIRLINE OR OTHER THIRD-PARTY FEES FOR SUCH CANCELLATION AS PROVIDED FOR ABOVE. THE CRUISE LINE MAY FIND IT NECESSARY TO TERMINATE OR SUSPEND THE CRUISE. UPON SUCH TERMINATION OR SUSPENSION BY THE CRUISE LINE, REFUNDS WILL BE SUBJECT TO THE TERMS AND CONDITIONS OF THE CRUISE LINE. IT IS THE RESPONSIBILITY OF EACH TRAVELER TO FULLY READ AND BE AWARE OF THE CRUISE LINE'S TERMS AND CONDITIONS. ADELMAN TRAVEL SYSTEMS INC. / F&WT SHALL HAVE NO LIABILITY FOR PROGRAMS TERMINATED OR SUSPENDED BY THE CRUISE LINE OR OTHER SUCH THIRD PARTIES FOR ANY REASON.

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, NEWSPAPERS, MAGAZINES, 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, UNDERSTAND AND ACCEPT THE TERMS AND CONDITIONS							
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PASSE	NGER#1	Date	Passenger #2	Date			