



162 Middle Street
Pawtucket, RI • 02860
Phone: 1-888-344-5578 Fax: 1-401-727-9014

Please complete this form and return to AAA Northern New England. 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: 1046657
DEPARTURE DATE: May 14, 2022

TOUR: Iceland: Land of Fire & Ice
GROUP NAME: AAA Northern New England

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 ___ Discover ___ 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 AAA Vacations® 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!
Please return this Authorization Form by mail to:

AAA Northern New England
401 Western Avenue
South Portland, ME 04106

Above credit card information has been called in to AAA Vacations.



TRAVEL DATE: 5/14/2022 TERRITORY: A1
RES#: 1046657

Iceland: Land of Fire & Ice

For Reservations Contact: Matt Sinclair (207) 775-6211 x.1977526 email: sinclair.matthew@nne.aaa.com

AAA Northern New England, 401 Western Avenue, South Portland, ME 04106

A deposit of \$999 per person (Which Includes Cancellation Waiver and Insurance) is due upon reservation. Reservations are made on a first come, first served basis. Reservations made after the deposit due date of June 01, 2021 are based upon availability. Final payment due by March 01, 2022. Deposits are refundable up until November 01, 2021.

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: _____ State: _____ Zip Code: _____

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

Passport Number: _____ Expiration Date: (month/day/year) _____ Date of Issuance: (month/day/year) _____

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

Should you become ill or injured, whom should we contact (not traveling 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: Logan Intl Airport (BOS)

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

AAA Vacations® cannot guarantee your seat preference. If you have not purchased air through AAA Vacations® 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.

Please reserve an upgrade to Elite Airfare for an additional rate of: Business Class \$4,190

Service is limited and not available on all flights or carriers. Other restrictions may apply. Please note: if you purchase an upgrade we cannot guarantee the same flight schedule as the group. If Business class service has been purchased, it is for the international portion of the journey only.

Are you willing to separate from the group air schedule to accommodate your upgrade request? () Yes () No

"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/traveler-information/prohibited-items>."

TRAVEL PROTECTION: The OLLI Organization is requiring all participants to purchase travel Insurance for their own safety. Member Choice Vacation Cancellation Waiver and Insurance is \$399 per person and covers cancel for any reason up to 1 day prior to departure. The insurance must be purchased at time of deposit for coverage and is nonrefundable after November 01, 2021. If you purchase your own insurance the cancellation schedule noted on the brochure will apply. The Waiver fee does not cover any single supplement charges which arise from an individual's traveling 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 \$1000 for certain covered reasons.)

For Cancellation between 60-16 days prior to departure: cancellation fee of 30% of total price. For cancellation between 15-1 days prior to departure: cancellation fee of 50% of total price. For cancellation on the day of departure and after: 100% of total price.

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

Please Choose One:

- () Peninsula Lava Field Walk
- () Peninsula Lava Cave Tour

Please Choose One:

- () Blue Lagoon Ltd
- () Perlan wonders of Iceland Museum Ice Cave

WAIVER: Travel Protection (Already included in price shown on flyer) () Yes, I wish to keep the Travel Protection () No, decline

Cardholder Name: _____

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.memberchoicevacations.com/about-us/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.

OSHER LIFELONG LEARNING INSTITUTE

Contact Form

Name _____

Date of Birth ____/____/____ (mandatory — mm/dd/yyyy)

Nickname _____

Street address _____

City _____ State _____ Zip _____

Home phone _____ Cell Phone _____

E-mail _____

(We will not share your e-mail outside of OLLI)

Roommate's Name _____



Osher Lifelong Learning Institute
University of Southern Maine
P.O. Box 9300