

**RESERVATION FORM:**

*JOHNS HOPKINS UNIVERSITY - MONTREAL*

16NAL0624/ JHU

Enclosed is my deposit for \$ \_\_\_\_\_ (\$350 per person) to hold \_\_\_\_\_ place(s) on the Alumni Tour of Montreal departing on June 24, 2016. Cost is \$1,695 per person, based on double occupancy. (Currently, subject to change)

Final payment due date is **March 21, 2016**

Please make check payable to CLASSIC ESCAPES and mail to 58-25 Queens Blvd., Woodside, NY 11377 **OR**

Charge deposit to:  MasterCard  Visa  American Express  Discover

(Credit Card Authorization form needs to be completed and returned to Classic Escapes via mail or fax to 718-204-4726)

Deposits can be made by credit card; however, all final payments are required to be made by check or money order only.

**A copy of your passport must accompany this form to confirm reservation. Upon receipt of your signed reservation form, passport copy and deposit we will, subject to availability, reserve your spot on the tour. Passport must be valid for at least 6 months after the return of your trip and have two consecutive blank pages in the visa section.**

1) NAME (As appears on passport):  Mr.  Mrs.  Ms. \_\_\_\_\_ Date of Birth (M/D/Y) \_\_\_ / \_\_\_ / \_\_\_

Passport No. \_\_\_\_\_ Green Card No. \_\_\_\_\_ Expiration Date \_\_\_\_\_ Nationality \_\_\_\_\_

2) NAME (As appears on passport):  Mr.  Mrs.  Ms. \_\_\_\_\_ Date of Birth (M/D/Y) \_\_\_ / \_\_\_ / \_\_\_

Passport No. \_\_\_\_\_ Green Card No. \_\_\_\_\_ Expiration Date \_\_\_\_\_ Nationality \_\_\_\_\_

NAME FOR NAME BADGE IF DIFFERENT FROM ABOVE: 1) \_\_\_\_\_ 2) \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONES: HOME: ( ) \_\_\_\_\_ OFFICE: ( ) \_\_\_\_\_ MOBILE: ( ) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

- I certify that I have not recently been treated for, nor am I aware of any physical or other condition or liability that would create a hazard to myself or the other members of this tour.
- The two of us above are sharing a room and, where possible, would like a room with:  ONE  TWO Beds (Make one selection only)
- I am sharing with \_\_\_\_\_ (form sent separately)
- I need assistance in securing a roommate. I understand if the University or the tour operator cannot locate one for me by final payment date, I agree to pay the additional single. I prefer to share with:  Smoker  Non-smoker
- I desire single accommodations, if available, and will pay the single supplement additional cost of:
  - \$595 for the trip

All rates quoted are based on tariffs and value of foreign currencies in relation to the U.S. dollar in effect as of February 16, 2016, and are subject to change. Cancellation penalties are applicable as outlined on Conditions of Travel. **WE STRONGLY RECOMMEND THAT YOU OBTAIN TRAVEL INSURANCE. RESERVATIONS ARE ACCEPTED SUBJECT TO TOUR CONDITIONS AND WILL BE CONFIRMED ONLY IF ACCOMPANIED BY COMPLETED FORM SIGNED BY THE TOUR PARTICIPANT(S).**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CLASSIC ESCAPES INC.  
58-25 Queens Blvd.  
Woodside, NY 11377

(We recommend that you keep a copy of your selections as noted above for your future reference)



JOHNS HOPKINS UNIVERSITY ~ MONTREAL  
JUNE 24 TO 28, 2016

### CREDIT CARD PAYMENT AUTHORIZATION

*Please Note: If you wish to charge your deposit to Visa, MasterCard, American Express or Discover, this authorization form MUST be completed and returned to us along with your reservation form before we can process your application.*

I authorize (Classic Escapes Inc.) to charge my VISA/MASTERCARD listed below:

Name appearing on credit card \_\_\_\_\_

Card number \_\_\_\_\_ Expiration date \_\_\_\_\_

Card Verification Number\* \_\_\_\_\_ Card Type \_\_\_\_\_

Billing address of credit card \_\_\_\_\_

\_\_\_\_\_

Amount of transaction \_\_\_\_\_ Invoice # \_\_\_\_\_

Services rendered/Items purchased \_\_\_\_\_

\_\_\_\_\_

Phone number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*How To Locate Your Card Verification Number:**

(Visa, MasterCard : Locate the credit card number on the back of the card above the signature box. Enter the 3 digit number which follows the credit card number.

I understand that all rates quoted on this tour I'm making a payment on are based on tariffs and value of foreign currencies in relation to the U.S. dollar in effect as of February 16, 2016, and are subject to change Cancellations are only effective on receipt of written notification. The following per person fees are applicable on this tour:

- \* Up to April 25, 2016, deposit is forfeited
- \* April 26 to May 10, 2016, less 50% of tour cost.
- \* After May 10, 2016, no refund is possible.

PLEASE NOTE: At times, our bank requires photocopy of credit card (both sides) and driver's license or document showing signature of cardholder, in order to process the charge. While it is not required at this time that you include these materials with your deposit, if our bank requests it, we will contact you for these copies.