

FLORIDA—THE SUNSHINE STATE RESERVATION FORM

CANCELLATION WAIVER & POST DEPARTURE PLAN

The Cancellation Waiver (waiver fee) guarantees full refund on all payments (including deposit), except the waiver fee itself, made for tour rates in case of cancellation up to the time & date of departure due to personal illness (medical documentation required) or death of a member of the immediate family. If the passenger must return early due to personal illness or death of a member of the immediate family, payment of the waiver fee guarantees a refund for the unused services. Unused services will be pro-rated on a per day land tour cost basis once the passenger has officially left the tour for above reasons. Additionally unused services will cover net fare reimbursement of any inner tour air included in the tour package but missed once the passenger has officially left the tour for above reasons. Payment of the waiver fee guarantees your return air transportation utilizing your original airlines tickets with no additional supplement. The waiver does not cover return transportation costs other than return air transportation utilizing original airline tickets. The waiver fee is fully refundable until 180 days prior to departure. 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 waiver is non-transferable, valid for each applicant only & does not cover any services such as airline tickets not purchased through Premier. Post Departure coverage (Accident & Medical) is included. Brief description of coverage & benefits: Part A - Cancellation Waiver (Up to Trip Cost)

Part B - Post Departure Plan: Trip Delay (\$100/Day-Max \$500), Baggage & Personal Effects (\$2,000), Baggage Delay (\$100/Day-Max \$500), Emergency Accident/Sickness Medical Expense (\$30,000), Emergency Evacuation/Repatriation (\$50,000), Accidental Death & Dismemberment (\$25,000), Emergency Travel Assistance (24/7-Included). All Cancellations, Claims & Inquiries under Part A will be handled by Premier World Discovery. All Claims & Inquiries under Part B will be handled by the Plan B Administrator. Full policy details available.

CANCELLATION WAIVER & POST DEPARTURE PLAN: \$180 per person (included).

DEPOSIT & FINAL PAYMENT

A deposit of \$480 per person is due with reservation form to secure reservations. Final payment is due 12/13/11.

Note: \$50 per person off final payment if deposit is made by 8/31/11!

CANCELLATION FEES

Cancellations **NOT** covered by the Cancellation Waiver & Post Departure Plan are subject to the following per person fees:

- Cancel more than 180 days prior to departure Full Refund
- Cancel 179-75 days prior to departure: \$180 Waiver Fee is Retained
- Cancel 74-45 days prior to departure: 25% of total price retained
- Cancel 44-15 days prior to departure: 50% of total price retained
- Cancel 14 days or less prior to departure/no shows: No refunds

RESPONSIBILITY

Premier World Tours LLC dba Premier World Discovery (hereafter PWD), whose vouchers are used by respective agents for the passenger in all matters pertaining to hotel accommodations, sightseeing tours and transportation, hold themselves free of responsibility for any damages occasioned from any cause whatsoever. PWD will not be responsible for any damages or inconvenience caused by late arrivals, departures and change of schedule or other conditions nor will they be responsible for any act, omission, or event during the time the passenger is not on board their conveyance. The passage contract in use by the airline concerned, when issued, shall constitute the sole contract between the airline and the purchaser of this tour/cruise, and/or passenger. PWD does not hold any responsibility for the conduct of any of its members, hotel, motorcoach, cruise line, train, airline or other personnel. PWD reserves the right to decline to accept or retain any person as a member of a tour/cruise at its discretion. PWD &/or its Tour Director retain the right to require any participant to withdraw from a tour/cruise at any time, if determined to be in the best interests of health, safety & general welfare of the tour/cruise group or of the individual participant. Arbitration - I/We agree, any and all disputes concerning this contract or any other material concerning the trip, or the trip itself must be resolved exclusively pursuant to binding arbitration in the state of California, pursuant to the then current rules of the American Arbitration Association. Payment of the deposit for this tour/cruise constitutes acceptance of these terms and conditions. Itinerary and hotels are subject to change. CST #2048841-40

Notes: 1) Deposit amount of \$480 includes payment of the Cancellation Waiver & Post Departure Plan.

2) \$60 Air Taxes/Fees/Fuel Charges are included in tour rates, but subject to change until paid in full.



BB 7372



RESERVATION FORM

Florida - The Sunshine State
February 28, 2012 / Booking *58531

Make Checks Payable to:
Premier World Discovery



Mail reservation form to:
Sunnyvale Senior Center
550 E. Remington Drive, Sunnyvale, CA 94087
Attn: Betty Burney Phone: (408) 730-7372

Enclosed please find a deposit in the amount of \$ _____ (\$480 per person) to secure reservations for _____ # of people.

Final payment due 12/13/11. \$ _____ for _____ # of people, paid (MM/DD/YYYY) ____ / ____ / ____.

Airline Mileage Acct. # _____

Legal Name _____
(as appears on photo identification)

Roommate's Legal Name _____
(as appears on photo identification)

Your Address _____

City _____ State _____ ZIP _____

Telephone # _____ Sunnyvale SC Membership Number # _____

Emergency Contact Name / Telephone # _____

Additional Fee: Additional \$15 fee if a non-member; pay separately at Front Desk.

Notes: 1) All rooms are non-smoking; 2) Special accommodations or diet: We cannot guarantee special requests, but we will do our best to meet your needs. Please fill in this circle and list special requests on the back of this form.

Payment by Credit Card (check one):   

Credit card #: _____ Exp. Date: _____

Amount to be charged: _____ Signature: _____ Today's Date: _____

TSA Secure Flight Requirement	
Date of Birth	Gender
(MM/DD/YY) _____	<input type="checkbox"/> M <input type="checkbox"/> F
(MM/DD/YY) _____	<input type="checkbox"/> M <input type="checkbox"/> F