



TRAVEL DATE: 3/11/2024 TERRITORY: M9
RES#: 1118412

Peru: Machu Picchu and Lake Titicaca

For Reservations Contact: Allyson Krull (641) 423-5724 email: akrull@masoncityia.com
Mason City Chamber of Commerce, 9 N Federal Ave, Mason City, IA 50401-3250

A deposit of \$600 per person is due upon reservation. Reservations are made on a first come, first served basis. Reservations made after the deposit due date of August 04, 2023 are based upon availability. Final payment due by January 11, 2024. Deposits are refundable up until August 11, 2023.

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: _____

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

Collette cannot guarantee your seat preference. If you have not purchased air through Collette 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.

"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: () Yes, I wish to purchase travel protection \$399 () No, I decline

If you choose not to purchase Collette's Waiver Insurance Plan, you will incur penalties for changes and cancellations. Travel Protection Payment is due with first deposit. 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 \$1,000 for certain covered reasons. See Part B for details.)

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

Please Choose One:

() Sacsayhauman Fortress

() Walking Tour of San Blas

PLEASE MAKE CHECKS PAYABLE TO: Collette () Check () Credit Card

Waiver/Insurance Amount: \$ _____ Deposit Amount: \$ _____ Total amount enclosed: \$ _____

Cardholder Name (if paying by Credit Card): _____

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.gocollette.com/about-collette/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.

BOOKING NUMBER: 1118412
DEPARTURE DATE: March 11, 2024

TOUR: Peru: Machu Picchu and Lake Titicaca
GROUP NAME: Mason City Chamber of Commerce

Available Options

Personalize your tour by adding an optional activity below. Our recommended options have been carefully chosen to help enhance your individual experience. Complete the provided Prepaid Options Form to reserve your options.

Availability is limited and reservations are on a first come, first serve basis. Payment must be received no later than 15 days prior to departure. Prices are subject to change.

Children under the age of 18 **MUST** be accompanied by an adult.

Machu Picchu



Machu Picchu Sunrise

\$120 USD 3/16/2024

Ascend to Machu Picchu in the early hours of the morning. Be one of the first to enter the sanctuary just as the sun rises over the high mountains encircling it. Spend time exploring the grounds at your leisure or merely pick a spot to sit and enjoy the morning serenity of this magical place. This option needs to be purchased at least 30 days prior to tour departure. *Duration: Approximately 5 hours.* Please note a minimum of 6 passengers is required. Transportation is not included.

Aqlla Spa Package

\$130 USD 3/16/2024

“What is good for the body is good for the soul.” A well-deserved spa visit provides a complete treatment experience to replenish your mind, body and soul. Indulge in supreme pampering and relaxation with a choice of one of several different, exhilarating spa service packages. Each package includes several spa treatments from exfoliation to massages. Certified therapists will guide you to a state of complete relaxation as you enjoy unforgettable therapeutic body treatments. Your choice of packages include:

- “Pamper Your Feet” - Foot massage with cleansing and exfoliation (50 minutes massage, 40 minutes cleaning).
- “Complete Relaxation” – Full body massage with body exfoliation (50 minutes massage, 40 minutes cleaning).
- “Hot Stone Treatment” – Relaxing sauna and stones massage (30 minutes sauna and 60 minutes massage). This option is available only to those guests who are staying at the Sumaq Machu Picchu Hotel. *Duration: Approximately 1.5 hours.* Please note a minimum of 1 passengers is required. Transportation is not included.

PASSENGERS NAME: (Please submit a separate form for each passenger)

Salutation: _____ First: _____ Middle: _____ Last: _____ Suffix: _____ Nickname: _____
(Mr., Mrs., Rev.) (Please print **EXACTLY** as it appears on Passport) (Jr., Sr.)

✓	Option	Price Per Person (USD)
✓	Machu Picchu Sunrise <i>This option needs to be purchased at least 30 days prior to tour departure.</i>	120.00
✓	Aqlla Spa Package <i>This option is available only to those guests who are staying at the Sumaq Machu Picchu Hotel.</i>	130.00

Please make checks payable to Collette and send to:

Mason City Chamber of Commerce
Attn: Allyson Krull
9 N Federal Ave
Mason City, IA 50401-3250



162 Middle Street
Pawtucket, RI • 02860
Phone: 1-800-852-5655 Fax: 1-401-727-9014

If paying by credit card, please complete this form and return to Mason City Chamber of Commerce. 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: 1118412
DEPARTURE DATE: March 11, 2024

TOUR: Peru: Machu Picchu and Lake Titicaca
GROUP NAME: Mason City Chamber of Commerce

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 Collette 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!
If using your credit card for payment, please return this Authorization Form by mail to:

Mason City Chamber of Commerce

Attn: Allyson Krull

9 N Federal Ave

Mason City, IA 50401-3250

Above credit card information has been called in to Collette.