O'CONNELL FAMILY WINERY

Optional 3-Night Pre-Cruise Registration Form | "A Journey Through Burgundy's Côte d'Or" | July 04 – 07, 2019

FAX COMPLETED FORM TO **(707) 526-9147** OR EMAIL **LANDTOURMANAGER@FOODANDWINETRAILS.COM**

CLEARLY PRINT NAMES OF ALL PEOPLE REGISTERING FOR THIS TOUR. TOURS ARE LIMITED IN SIZE AND SOLD ON A FIRST COME FIRST SERVE BASIS.
GUESTS USING FREE AIR PROVIDED BY CRUISE LINE WILL BE REQUIRED TO SUBMIT AN AIR DEVIATION AND ARE RESPONSIBLE FOR ALL RELATED FEES.

GUEST #1 _____ MOBILITY / DIETARY ISSUES: _____

GUEST #2 _____ MOBILITY / DIETARY ISSUES: _____

TRAVELING WITH FRIENDS? :_____

PRE-CRUISE DIJON PACKAGE | PER COUPLE **$1,875.00 PER PERSON X 2 = $3,750.00** $_____

JULY 04-06 | CHÂTEAU DE GILLY | TRADITIONAL ROOM ◯ ONE BED ◯ TWO BEDS

JULY 06-07 | HOTEL DE LA POSTE | LUXURY ROOM

SINGLE RATE: **$1,875.00 + $205.00 SINGLE SUPPLEMENT = $2,080.00** $_____

OPTIONAL ROOM UPGRADE | RATES ARE BASED ON DOUBLE OCCUPANCY AND AVAILABILITY:

DIJON HOTEL UPGRADES:

RATES ARE PER ROOM FOR **TWO** NIGHTS

- ☐ SUPERIOR ROOM: **$132.00**
- ☐ DELUXE ROOM: **$198.00**
- ☐ JUNIOR SUITE: **$264.00**

***BEAUNE HOTEL UPGRADE*:**

RATE IS PER ROOM FOR **ONE** NIGHT

- ☐ JUNIOR SUITE: **$30.00**
- ☐ SUITE: **$60.00**

$_____

DIJON INDEPENDENT ROOM NIGHTS | RATES ARE PER ROOM PER NIGHT AND ARE BASED ON DOUBLE OCCUPANCY AND AVAILABILITY:

- ☐ TRADITIONAL ROOM: **$257.00**
- ☐ DELUXE ROOM: **$356.00**
- ☐ SUPERIOR ROOM: **$323.00**
- ☐ JUNIOR SUITE: **$389.00**

ARRIVAL DATE_____ TOTAL ROOM NIGHTS: _____ $_____

AVIGNON INDEPENDENT ROOM NIGHTS | RATES ARE PER ROOM PER NIGHT AND ARE BASED ON DOUBLE OCCUPANCY AND AVAILABILITY:

CHECK IN IS JULY 14, 2019 AT THE CLOITRE ST LOUIS $_____

SUPERIOR ROOM: **$425.00** TOTAL ROOM NIGHTS IN AVIGNON: _____

TOTAL DUE $_____

INCREASE TRAVEL INSURANCE POLICY TO COVER THESE ADDITIONAL COMPONENTS OF MY TRIP: ◯ YES ◯ NO

ADDITIONAL COVERAGE MUST BE ADDED AT THE TIME OF BOOKING FOR POLICY TO EXTEND TO AND COVER PRE-EXISTING CONDITIONS.
YOUR TRAVEL ADVISOR WILL PROVIDE YOU WITH COST OF ADDITIONAL PREMIUM ***F&WT RECOMMENDS TRAVEL INSURANCE.***

PAYMENT METHOD: ◯ AMERICAN EXPRESS ◯ MASTERCARD ◯ VISA

PLEASE ENTER CREDIT CARD # _____ EXP: _____ CVV: _____

PRINT NAME ON CARD _____ SIGNATURE _____ DATE _____

"I AUTHORIZE FOOD & WINE TRAILS TO CHARGE MY CREDIT CARD FOR THE ABOVE TOTAL AND ACCEPT THAT THE CHARGE WILL BE APPLIED ON RECEIPT."

TERMS & CONDITIONS: EACH PARTICIPANT AGREES THAT THE TERMS, CONDITIONS, LIABILITIES AND RESPONSIBILITIES AS DESCRIBED IN THE CRUISE REGISTRATION FORM APPLY TO THIS TOUR WITH THE EXCEPTION OF THE FOLLOWING: (1) CANCELLATIONS – A 25% CANCELLATION PENALTY APPLIES FROM THE TIME OF PURCHASE UP TO 120 DAYS PRIOR TO CRUISE DEPARTURE, A 50% PENALTY APPLIES BETWEEN 119 DAYS TO 90 DAYS PRIOR TO CRUISE DEPARTURE, AFTER WHICH TIME THERE CAN BE NO REFUND; AND (2) PRICE OF TOUR IS BASED ON CURRENT EXCHANGE RATES AND MINIMUM PARTICIPATION. TOUR PRICE MAY INCREASE WITH SIGNIFICANT CHANGE IN EXCHANGE RATE OR IF MINIMUM PARTICIPATION IS NOT MET; (3) F&WT RESERVES THE RIGHT TO CANCEL TOUR AND REFUND MONEY WITH NO LIABILITY UP TO 90 DAYS PRIOR TO SAILING. WE ADVISE AGAINST PURCHASING RELATED TRAVEL SERVICES THAT INCLUDE PENALTIES UNTIL AFTER THAT TIME; (4) WE RESERVE THE RIGHT TO SUBSTITUTE WINERIES AND FEATURES TO COMPARABLE FACILITIES AND SERVICES WITHOUT NOTICE.

LIMITED POWER OF ATTORNEY FOR FOOD & WINE TRAILS (F&WT) TO USE MY CREDIT CARD: I HEREBY AUTHORIZE F&WT TO ACT UPON MY INSTRUCTIONS BY PHONE OR THROUGH THIS FORM TO CHARGE MY CREDIT CARD FOR EXPENSES ARISING FROM TRAVEL ARRANGEMENTS MADE BY F&WT. I HEREBY RATIFY ANY INSTRUCTIONS GIVEN PURSUANT TO THIS AUTHORIZATION AND AGREE NEITHER THAT F&WT, NOR ANY OF ITS EMPLOYEES OR REPRESENTATIVES WILL BE HELD LIABLE FOR ANY LOSS, LIABILITY OR EXPENSE ACTING UPON SUCH INSTRUCTIONS BELIEVED BY THEM TO BE GENUINE. I AGREE TO PAY FOR ANY AND ALL LEGAL OR COLLECTION FEES COMBINED WITH A 10% ANNUAL INTEREST RATE SHOULD IT NECESSARY TO COLLECT ANY CREDIT CARD CHARGES REFUSED BY ME OR REJECTED BY THE CREDIT CARD COMPANY. THIS AGREEMENT SHALL BE INTERPRETED UNDER, AND THE LAWS OF THE STATE OF CALIFORNIA HERETO SHALL GOVERN PERFORMANCE OF THE PARTIES, AND ANY ACTION HEREUNDER SHALL BE COMMENCED AND MAINTAINED IN SONOMA COUNTY.

I HAVE READ AND ACCEPT THESE TERMS & CONDITIONS. PLEASE SIGN OR TYPE NAME IN LIEU OF SIGNATURE:

_____ _____ _____ _____

GUEST #1 SIGNATURE **DATE** **GUEST #2 SIGNATURE** **DATE**