

RESERVATION FORM  
HCIF France Tour 2017  
Hosted by Arthur and Karen Levin  
September 25-October 8, 2017  
PER PERSON RATE, BASED ON DOUBLE OCCUPANCY: \$5299  
Single Supplement \$1324

**RATES INCLUDE:** Roundtrip airfare Chicago O'Hare/Paris, twelve nights hotel stay as per itinerary, breakfast daily, six lunches, six dinners, roundtrip transportation airport/hotel and throughout tour, sightseeing and admission fees as listed, Professional Globus Tour Director, baggage handling at hotels for one checked bag per person, air taxes and government fees (subject to change until ticketed), hotel taxes, gratuities for Globus Driver and Tour Director, trip-cancellation insurance, pre-departure information and detailed final documents.

**TRIP CANCELLATION/Interruption/Medical Benefits Insurance** is included. Travelers can cancel up to the day of departure for a medical reason for self, traveling companion or immediate family member and receive a full refund less the cost of the insurance (\$209 per person). If the reason is non-medical you will receive a voucher for use on a future Globus product equal to the amount of the assessed penalties based on date of cancellation.

**DEPOSIT** of \$809 per person due with included reservation and Emergency Information Form. It is suggested that you send the deposit by March 15, 2017. **FINAL PAYMENT** is due June 23, 2017.

A **PASSPORT** valid through April 9, 2018, is required for this tour. Please send a copy of your passport with your reservation.

**NOT INCLUDED:** Meals/beverages not listed in itinerary, items of a personal nature, passport fees, phone calls, excess baggage fees, internet fees, trip cancellation insurance and optional excursions.

Responsibility Clause: Community Education Travel (CET) acts as agent for suppliers of the tour and is neither responsible nor accepts liability for services provided by motorcoach, tour guides, hotels or any other service. CET reserves the right to make any necessary itinerary changes and/or to cancel a tour due to insufficient interest. We reserve the right to decline to accept or retain any person as a member of the tour. Prices are subject to change due to currency fluctuation, or additional government fees/taxes. Minimum number of passengers required to operate tour.

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RESERVATION FORM—TOUR 17-038 Haviland Collectors International 9/25-10/8/17

Mail to: Community Education Travel, 2121 S. Goebbert Road, Arlington Hts, IL 60005  
Fax to 847-718-6569 Email linda.kerr@d214.org Questions? Call 847-718-7709

NAME(S) (as on passport) \_\_\_\_\_  
DATE(S) of Birth \_\_\_\_\_ CITIZENSHIP \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE (Home) \_\_\_\_\_ (Work) \_\_\_\_\_  
Cell \_\_\_\_\_ Email \_\_\_\_\_  
ROOMING WITH: \_\_\_\_\_

Deposit of \$ \_\_\_\_\_ (\$809 per person) is enclosed for \_\_\_\_\_ persons.

Charge my credit card \$ \_\_\_\_\_  
Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_ Security Code \_\_\_\_\_  
Name On Card \_\_\_\_\_ Signature \_\_\_\_\_