

SPAIN: DISCOVER MONTSANT & PRIORAT | Departing June 5, 2022 | PLEASE COMPLETE, SIGN, AND RETURN TO:
 EDGAR TORRES, 3550 COMBINE STREET, PASO ROBLES, CA 93446

PASSENGER #1 NAME ON PASSPORT _____
 PREFERRED/ NAME BADGE _____ DATE OF BIRTH _____
 ADDRESS _____ CITY / STATE / ZIP _____
 PHONE (PRIMARY) _____ (CELL) _____ EMAIL _____

PASSENGER #2 NAME ON PASSPORT _____
 PREFERRED/ NAME BADGE _____ DATE OF BIRTH _____
 [SAME AS ABOVE] ADDRESS _____ CITY / STATE / ZIP _____
 PHONE (PRIMARY) _____ (CELL) _____ EMAIL _____

PASSENGER #1 – *PP REQUIRES COPY OF PASSPORT WITHIN 30 DAYS OF BOOKING		PASSENGER #2 – *PP REQUIRES COPY OF PASSPORT WITHIN 30 DAYS OF BOOKING	
PASSPORT NUMBER:	EXP DATE:	PASSPORT NUMBER:	EXP DATE:
BIRTHPLACE/CITIZENSHIP:		BIRTHPLACE/CITIZENSHIP:	
EMERGENCY CONTACT (NOT TRAVELING WITH YOU):		EMERGENCY CONTACT (NOT TRAVELING WITH YOU):	
RELATION:		RELATION:	
EMERGENCY PHONE:		EMERGENCY PHONE:	

DESCRIBE ANY MEDICAL, DIETARY OR ACCESSIBILITY ISSUES: _____

TRAVELING W/ FRIENDS? WHO _____

CELEBRATION DATE: _____ BIRTHDAY ANNIVERSARY OTHER _____

DEPOSITS/PAYMENTS:

A \$600 PER PERSON DEPOSIT IS REQUIRED TO HOLD YOUR SPACE ON THE TRIP. THE FINAL STATEMENT WILL BE EMAILED TO YOU. YOUR FINAL PAYMENT IS DUE FEBRUARY 15, 2022, 110 DAYS PRIOR TO DEPARTURE, OR UPON RECEIPT OF INVOICE. PLEASE MAKE CHECK PAYABLE TO PERFECT PAIRINGS OR PROVIDE CREDIT CARD INFORMATION FOR YOUR DEPOSIT.

RATE:

THE PRICE FOR THIS JOURNEY IS \$4,720 PER PERSON BASED ON DOUBLE OCCUPANCY. THE SINGLE OCCUPANCY FEE IS \$600. FUEL SURCHARGES AND AIRPORT TAXES ARE INCLUDED. THE PRICE IS SUBJECT TO SUPPLEMENTAL PRICE INCREASES AFTER THE DATE OF PURCHASE DUE TO ADDITIONAL CHARGES IMPOSED BY A SUPPLIER OR GOVERNMENT FOR INCREASED FEES, FUEL SURCHARGES, TAXES, FLUCTUATIONS IN FOREIGN EXCHANGE MARKETS, OR A COMBINATION THEREOF. BY SIGNING THIS AGREEMENT, YOU HEREBY CONSENT TO ANY POST-PURCHASE PRICE INCREASES.

PAY BY: **MasterCard / Visa / American Express** TOTAL DEPOSIT: \$ _____

CREDIT CARD NUMBER: _____ EXP: _____ CVV: _____

PRINT NAME AS APPEARS ON CREDIT CARD

SIGNATURE OR TYPE NAME IN LIEU OF SIGNATURE - (I AUTHORIZE ADELMAN TRAVEL GROUP/ PP TO CHARGE MY CREDIT CARD.)

FINAL PAYMENT DUE ON: FEB 15, 2022

YES, I AUTHORIZE FINAL PAYMENT TO BE AUTOMATICALLY CHARGED ON THIS DATE TO THE CREDIT CARD LISTED ABOVE. NOTE: IF YOU

USE A DEBIT CARD TO PAY THE DEPOSIT, PP MAY NOT BE ABLE TO PROCESS YOUR FINAL PAYMENT, AND THEREFORE, REQUIRES AN ALTERNATE PAYMENT METHOD FOR FINAL PAYMENT. IF FINAL PAYMENTS NOT RECEIVED BY THE DATE SPECIFIED ABOVE, YOUR SPACE ON THIS TRIP WILL BE RELEASED AND APPLICABLE CANCELLATION FEES APPLIED. MANY TRAVEL SUPPLIERS NOW PROCESS CREDIT CARDS INTERNATIONALLY, AND YOUR CREDIT CARD BANK MAY CHARGE A FOREIGN TRANSACTION FEE. PLEASE CONTACT YOUR CREDIT CARD ISSUER TO SEE IF THIS APPLIES.

AIR*:

AIRFARE APPLIES TO ECONOMY CLASS SEATING, ROUND-TRIP FLIGHTS FROM **SFO, LAX, ORD OR NYC** AND INCLUDES GROUND TRANSFERS. AIRFARE IS AVAILABLE FROM OTHER U.S. & CANADIAN GATEWAYS. AIRFARE INCLUDES AIRLINE FEES, SURCHARGES AND GOVERNMENT TAXES. SOME AIRLINE IMPOSED PERSONAL CHARGES, INCLUDING BUT NOT LIMITED TO BAGGAGE, PRIORITY BOARDING, AND SPECIAL SEATING, MAY APPLY. COMPLETE TERMS AND CONDITIONS MAY BE FOUND BELOW.

AIR CREDIT: \$700 PER PERSON (GUEST 1&2) CHECK BOX TO BOOK YOUR OWN FLIGHTS AND HAVE AIR CREDIT APPLIED TO YOUR RESERVATION. UNTIL DEPOSITS ARE RECEIVED, PERFECT PAIRINGS RESERVES THE RIGHT TO CHANGE OR WITHDRAW THIS AIR CREDIT OFFER.

PREFERRED GATEWAY CITY: _____

TRAVEL INSURANCE EACH PERFECT PAIRINGS TRAVELER RECEIVES OUR COMPREHENSIVE TRIP INTERRUPTION INSURANCE INCLUDING: MEDICAL, LOST BAGGAGE, TRIP DELAYS, EMERGENCY EVACUATION & REPATRIATION, AND AD&D COVERAGE. DETAILS CAN BE FOUND ON OUR WEBSITE AT WWW.ADELMANDISCOVERIES.COM/TRAVEL-PROTECTION/.

CANCELLATION INSURANCE (SELECT ONLY ONE OPTION)

YES, I (WE) WOULD PREFER THE **TRAVEL GUARD TRIP CANCELLATION COVERAGE** - THIS PLAN COVERS CANCELLATIONS RELATED TO MEDICAL SITUATIONS FOR YOU AND OR A FAMILY MEMBER. TO PURCHASE THIS INSURANCE AND GET THE PRE-EXISTING CONDITIONS WAIVER, YOU NEED TO PURCHASE THE COVERAGE THE SAME DAY YOU MAKE YOUR DEPOSIT FOR THE TRIP. THE COST FOR THIS COVERAGE IS 7.2% OVER THE TOTAL AMOUNT OF COVERAGE YOU WISH TO PURCHASE (i.e. \$3,000 WORTH OF COVERAGE COSTS \$216. \$4,000 WORTH OF COVERAGE COSTS \$288). FOR MORE INFO CLICK HERE. FOR RESIDENTS IN: FL, IN, KS, MN, MO, NY AND WA CLICK HERE.

YES, I (WE) WISH TO PURCHASE THE JOHN HANCOCK **CANCEL FOR ANY REASON TRIP CANCELLATION COVERAGE (CFAR)** AND UNDERSTAND **WE MUST PURCHASE THE SAME DAY WE MAKE OUR DEPOSIT**. THE PRICING FOR THIS IS BASED ON AGE AND THE AMOUNT OF COVERAGE PURCHASED. CLICK HERE TO OBTAIN A QUOTE & PURCHASE YOUR COVERAGE; BE SURE TO **SELECT THE OPTIONAL CFAR INSURANCE**. THIS PLAN ALLOWS YOU THE FLEXIBILITY TO CANCEL YOUR TRIP AT ANY TIME. KEEP IN MIND, IF YOU CANCEL FOR ANY REASON OTHER THAN MEDICAL REASONS, THEY WILL ONLY REFUND YOU UP TO 50% OF THE AMOUNT OF COVERAGE PURCHASED. IF YOU CANCEL FOR MEDICAL REASONS, THIS COVERAGE ALLOWS FOR A REFUND UP TO 100%.

NO, I (WE) DECLINE ALL UPGRADED CANCELLATION COVERAGES.

TERMS & CONDITIONS:

CANCELLATIONS/REFUNDS

CANCELLATIONS MADE 179 DAYS TO 130 DAYS PRIOR TO DEPARTURE DATE WILL RECEIVE A REFUND LESS \$150 PER PERSON. CANCELLATIONS MADE 129 DAYS TO 110 DAYS PRIOR TO DEPARTURE DATE WILL RECEIVE A REFUND LESS \$450 PER PERSON. CANCELLATIONS MADE 109 TO 61 DAYS PRIOR TO DEPARTURE DATE WILL RECEIVE A REFUND OF 50% OF THE TOTAL TRIP COST. ANY CANCELLATIONS MADE WITHIN 60 DAYS OF DEPARTURE WILL BE CHARGED 100% OF THE TOTAL TRIP COST. WRITTEN NOTICE OF CANCELLATION IS REQUIRED AND IS EFFECTIVE WHEN RECEIVED BY PERFECT PAIRINGS DURING NORMAL BUSINESS HOURS.

NOTE:

VALID U.S. PASSPORT REQUIRED. SINGLE SUPPLEMENTS ARE LIMITED. PASSPORT, TIPS TO GUIDES, AIRLINE BAG FEES, AIRPORT/DEPARTURE TAXES PAID LOCALLY, VISA CREDIT CARD PAYMENT FEES AND OTHER ITEMS OF A PERSONAL NATURE ARE NOT INCLUDED. ORDER OF EVENTS, FLIGHTS, HOTELS, TAXES, CHARGES, FEES AND FUEL CHARGES ARE SUBJECT TO CHANGE.

TRAVEL REQUIREMENTS: PASSENGERS MUST PROVIDE PROPER IDENTIFICATION TO BOARD THE AIRPLANE. US AND CANADIAN CITIZENS MUST PRESENT A VALID PASSPORT. (NAME ON ALL TRAVEL DOCUMENTS MUST BE THE SAME AS YOUR PASSPORT.) PLEASE VISIT WWW.TRAVEL.STATE.GOV FOR DETAILS. **RESPONSIBILITY:** PASSENGER ACKNOWLEDGES SPONSORING WINERIES ARE RESPONSIBLE FOR THE WINE EDUCATION PROGRAM, WHICH IS NOT CONNECTED IN ANY WAY WITH ADELMAN TRAVEL SYSTEMS INC. / PP AND RESERVES THE RIGHT TO SUBSTITUTE PROGRAM ELEMENTS AND PRESENTERS WITHOUT NOTICE. **LIMITATION OF LIABILITY:** IN NO EVENT SHALL ADELMAN TRAVEL SYSTEMS INC. DBA PP OR ITS OFFICERS, DIRECTORS, EMPLOYEES AND AFFILIATES BE RESPONSIBLE OR LIABLE TO PASSENGER FOR ANY INJURY, LOSS, OR DAMAGE, DIRECTLY OR INDIRECTLY ARISING FROM, OR ANY INDIRECT, INCIDENTAL, SPECIAL OR CONSEQUENTIAL DAMAGES, INCURRED BY PASSENGER IN CONNECTION WITH (I) THE TRIP PURCHASED HEREBY, INCLUDING WITHOUT LIMITATION, ANY ASSOCIATED TRANSPORTATION, ACTIVITIES, AND ACCOMMODATIONS, WHETHER PRIOR, DURING, OR AFTER THE TRIP, (II) ANY ACT, OMISSION, NEGLIGENCE, ACCIDENT, ERROR OR DEFAULT OF THIRD PARTIES, PROVIDING SERVICES IN CONNECTION WITH THE TRIP, (III) THE ALTERATION OF THE PASSENGER'S ITINERARY, WHEN ADVISABLE OR NECESSARY FOR THE SAFETY AND/OR WELLBEING OF THE PASSENGER(S), (IV) ANY ACT OF TERRORISM, WAR, ACCIDENT, WEATHER OR ANY ACT OF GOD. **TERMINATION:** THIS WINE EDUCATION PROGRAM REQUIRES A MINIMUM NUMBER OF PARTICIPANTS AND PP RESERVES THE RIGHT TO CANCEL THE PROGRAM BEFORE THE FINAL PAYMENT DATE LISTED ABOVE IF SUCH MINIMUM NUMBER IS NOT ACHIEVED. UPON CANCELLATION PP WILL ISSUE A FULL REFUND TO YOU AND YOU AGREE PP SHALL HAVE NO LIABILITY FOR SUCH CANCELLATION AS PROVIDED FOR ABOVE. PARTICIPANTS ARE ENCOURAGED NOT TO PURCHASE NON-REFUNDABLE AIRLINE TICKETS EARLIER THAN 90 DAYS BEFORE THE TOUR DEPARTURE DATE IN ORDER TO AVOID AIRLINE CANCELLATION PENALTIES. **MISBEHAVIOR:** PP RESERVES THE RIGHT TO ASK ANY PERSON TO LEAVE THE WINE EDUCATION GROUP WHO IS ACTING INAPPROPRIATELY AND/OR WHO CANNOT CONTROL HIS OR HER BEHAVIOR, AND IN SUCH CASE PASSENGER AGREES THEY SHALL RECEIVE NO REFUND FOR THE COST OF THE TRIP AND PP SHALL HAVE NO LIABILITY FOR, OR OBLIGATION TO REPLACE, MISSED OR LOST PREPAID TRIP ELEMENTS, NOR RESPONSIBILITY TO PROVIDE RETURN TRANSPORTATION TO ANY PASSENGER LEFT BEHIND. **DISPUTES:** ANY CONTROVERSY, DISPUTE OR CLAIM OF WHATEVER NATURE ARISING OUT OF, IN CONNECTION WITH OR RELATION TO THIS TRIP REGISTRATION FORM OR THE RELATED PRE/POST OR OPTIONAL TOUR REGISTRATION FORM(S), OR THE INTERPRETATION, MEANING, PERFORMANCE, BREACH OF ENFORCEMENT THEREOF, SHALL BE RESOLVED, AT THE REQUEST OF EITHER PARTY TO THIS CONTRACT, FIRST BY MEDIATION IN FRESNO, CALIFORNIA AND IF MEDIATION IS UNSUCCESSFUL BY FINAL AND BINDING ARBITRATION CONDUCTED BEFORE ONE NEUTRAL ARBITRATOR AT A LOCATION DETERMINED BY THE ARBITRATOR IN FRESNO, CALIFORNIA, IN ACCORDANCE WITH THE RULES OF CALIFORNIA CODE OF CIVIL PROCEDURE 1280 ET. SEQ. ALL DECISIONS OF THE ARBITRATOR SHALL BE FINAL, BINDING, AND CONCLUSIVE ON ALL PARTIES. JUDGEMENT MAY BE ENTERED UPON ANY SUCH DECISION IN ACCORDANCE WITH APPLICABLE LAW IN ANY COURT HAVING JURISDICTION THEREOF. THIS CONTRACT INURES TO THE BENEFIT OF, AND IS BINDING ON THE PARTIES AND THEIR RESPECTIVE HEIRS, REPRESENTATIVES AND ASSIGNS. THIS CONTRACT SHALL BE GOVERNED BY, CONSTRUED AND ENFORCED IN ACCORDANCE WITH THE LAWS OF THE STATE OF CALIFORNIA. **ADDITIONAL TERMS:** Guests may be required to prove they have had a negative COVID-19 test or vaccinations in order to travel. Social distancing and the wearing of masks may be required according to the laws of the country you are visiting. As these restrictions change frequently, it is recommended travelers check the Centers for Disease Control and Prevention (CDC) at least two weeks prior to travel and check requirements for travel both in the U.S.A. and also all the countries you will be visiting. PP will make every effort to keep you informed prior to travel. However, PP shall not be liable for any misinformation or changed circumstances. If traveling by air, check if your airline requires any health information, test results, or other documentation. Check with your destination's office of foreign affairs or ministry of health or the U.S. Department of State for details about entry requirements and restrictions that your destination might include, ie. testing, quarantine, and providing contact information. If you do not follow your destination's requirements, you may be denied entry and required to return to the United States.

PLEASE SIGN TO ACCEPT THE FOREGOING TERMS AND CONDITIONS OR TYPE NAME IN LIEU OF SIGNATURE:

PASSENGER #1

DATE

PASSENGER #2

DATE