

Registration Information
European Christmas Market Tour
12 Days: November 28-December 9, 2011

I am so glad that you have decided to join this exciting opportunity to visit the famed Christmas Markets in Europe with us.

Having explored these cities and hand-picked this itinerary, I know you will be delighted by the sights, smells and sounds of Christmastime in each of our market cities.

IMPORTANT INFORMATION

On the following pages you will find a registration form and a decline insurance form. When filling them out please print legibly and include all information requested. Please note that your passport must not expire before 6 months after you return from your trip.

You will note that there is a travel insurance option. You may purchase travel insurance from me, or from any reputable carrier, however, it is particularly important that should you decline to purchase the optional insurance you **MUST** include a signed 'Decline Insurance' form or your registration will not be processed.

Please review the terms and conditions included with this form. The final payment deadline is, without exception August 20, 2011. As long as there are spaces available, registrations will still be accepted after this date however beyond this time, full payment is due at time of registration. Please register early as spaces cannot be guaranteed. If final payment is not made by the deadline, penalties will be incurred and there can be no refunds. Once you have been registered, you are responsible for any penalties regardless of the reason of withdrawal from the program. Insurance is highly recommended.

To allow you greater flexibility, group airfare arrangements have not been included in this tour. I am happy to help anyone arrange airfare from their city of choice or one can do it independently. I suggest Kayak.com for the best available airfares; this is the site I use routinely for my clients.

★★**FLIGHT INFORMATION:** Before booking flights, I suggest waiting to be certain that the trip has met the minimum person requirement of 20. I will notify everyone as soon as this requirement is met. When booking your flight, please pay particular attention to the departure dates on the itinerary.

When returning your forms, please be certain that you have:

1. Enclosed a check for your deposit of \$400 USD per person. Canadian residents need to send a bank check or a money order, or a check drawn on a US bank.
2. Signed all applicable forms where indicated.
3. Indicate insurance choice and included the decline insurance form if appropriate.

Checks may be made payable to Deb Roberts' Tours, Credit Card Debit Checks are acceptable.

Forms may be faxed, but check must be mailed **with a copy** of forms to:

Deb Roberts' Tours - 405 Calle Macho, San Clemente, CA 92673

Telephone: 714 325-5708

FAX: 949 369 6933

You will be sent an invoice including the deposit payments and final payment information.

Questions? Email Deb Roberts at textiletours@aol.com or call 714 325-5708

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Please return this form with deposit to:
Deb Roberts – Textile Tours – 405 Calle Macho, San Clemente, CA 92673
or FAX to 949 369-6933

Name as it appears on passport: _____ Nickname: _____

Passport Number: _____ Issued in: _____ Expiration Date: _____ Birthdate: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone(_____) _____ Cell Phone (_____) _____ Email _____

Emergency Contact: _____ Address: _____ Phone: _____

Due to facility restrictions, registration is limited and will be accepted on first come basis.

Please refer to the itinerary for tour options then check all that apply:

I will participate in the Christmas Market Tour, beginning November 27, 2011. Cost: \$ 2299 pp double/ aadditional \$899 for single supplement

In Mulhouse, I would like to participate in the full day block printing class at the textile museum. (limited to 10) \$90

In Mulhouse, I would like to study in the textile museum document room, full day (limited to 12) \$50

Request Twin Room. Roomate Request _____

I would like to share a room, but I am willing to pay for the single supplement if a roommate cannot be found. (\$899)

Request Single Room (private room - the single room supplement of \$889 will be added to total fee)

I will make my own airfare arrangements for this tour I would like assistance with airfare arrangements

Dietary Restrictions _____

Optional Travel Insurance (rate depends on tour selection

Insurance rates are quoted 8/20/2010 and are subject to change before final payment deadline Double - \$130, Single - \$175

Accept Insurance Decline Insurance

Deposit Payment: \$400 (Refundable for 14 days with written notice, then refund policies apply. Please refer to the terms and conditions for refund policies. No refunds are possible past the final payment deadline.) Canadian residents must send money order, bank check or check drawn on US bank.

Payment - \$400 check made payable to Deb Roberts Tours

Once my deposit is received, I would like to set up monthly payments. I understand there is no charge for this service.

It is my understanding that I will be responsible for the base price of this tour and single supplement if indicated above. This does not include airfare or airport transfers. I further understand that a minimum number of people need to register for these tours. Should these numbers not be attained by the final payment deadline on April 10, 2011 there may be an adjustment to the price or the tour may be canceled. If the tour is canceled all monies will be refunded. Furthermore, I understand that final payment will only be accepted in the form of check made payable to Deb Roberts' Tours. Should my final payment be late, I understand I risk loss of my space and I will incur a 5% late payment fee.

Signature: _____ Date: _____

I have read and accept the terms and conditions associated with this tour, as well as the full itinerary and pricing inclusion. I will be responsible for the full fare amount as I have indicated above. I understand that airfare is not included in tour pricing and I am responsible for my own air transportation. By submitting this registration form, I understand and agree that Deborah Roberts is acting as an independent organizer of this tour and as such she is not responsible or liable for the willful or negligent acts and/or omissions of a tour company, tour director, hotels, contractors, or any air carrier, their employees, agents, servants, or representatives including, their failure to deliver or their partial or inadequate delivery of travel services. All coupons, receipts and tickets are issued subject to the terms and conditions specified by the suppliers and/or air carriers. Refunds for unused tickets or admissions are not permitted. By utilizing the travel services of the suppliers, I agree that Deborah Roberts shall not be liable for any accident, illness, injury, property damage or personal loss to me or those travelling with me in connection with any accommodations, transportation or other travel related services, or resulting directly or indirectly from any occurrences or conditions beyond its control, including, but not limited to, acts of war or terrorism, defects in vehicles, breakdown in equipment, strikes, theft, delay, or cancellation of, or changes in itinerary or schedules. I understand this is a custom group tour and that activities are planned to best benefit the entire group. Unless it is an emergency, my personal needs will be my own responsibility and not that of the tour director or tour organizer. I also understand that there is a lot of walking and a quick pace on this tour and that all participants need to be in good physical condition in order to fully participate. I have checked with my physician regarding my health and fitness to travel on this tour. If I have declined insurance coverage, I acknowledge I am aware of any cancellation penalty associated with my trip and by declining suggested travel insurance I am assuming the financial responsibility of those non-refundable penalties should I have to cancel or interrupt my travel. Deborah Roberts is not liable for any part of my penalties or decision. I understand that should the currency exchange rate change + 2% before final payment is made the price will be adjusted accordingly. Further, I acknowledge that due to unforeseen circumstances, there may be itinerary changes without notice.

Signature: _____ Date: _____

DECLINE INSURANCE FORM

Please fill in and return this form if you have declined trip interruption/cancellation insurance. Your registration will not be processed if you have chosen this option until this form has been received.

Form to Decline Trip Insurance

Passenger Name: _____

Tour Name: _____

Tour/Cruise Company: _____

I, _____ decline travel insurance coverage
(name)

for my trip/tour to _____ departing on
_____. I have read and I am aware of the cancellation penalties associated with my trip and by declining the suggested travel insurance I am assuming the financial responsibility of those non-refundable penalties should I have to cancel or interrupt my travel. And, that neither Deborah Roberts, nor any of her affiliated tour/travel or cruise companies are liable for my penalties or my decision.

Traveler _____ Date _____
(signature)