

162 Middle Street

BOOKING NUMBER: 1098034

DEPARTURE DATE: December 7, 2022

TOUR: Christmas on the Danube featuring a 6-night Danube River Cruise GROUP NAME: FSB's Connect Club

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.

Vienna

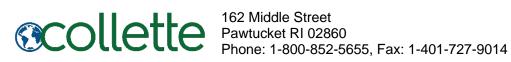
The Schonbrunn Palace and the Christmas Markets

\$80 **USD**

Travel from the port to one of Vienna's most beautiful buildings, the Schönbrunn Palace, which was modeled after the palace of Versailles, the residence of Louis XIV (Le Roi Soleil). Here you can view the state apartments of the Habsburgs' summer residence for many years. The Schönbrunn Palace is one of Austria's treasures and a sight to be seen! Later enjoy a delightful visit to the amazing Christmas market. The above option is only available until 15 days prior to departure. After this time, the option may be purchased once you are onboard the cruise ship directly from the cruise line. Due to the nature of this option once purchased it will be nonrefundable. *Duration:* Approximately 3 hours. Please note a minimum of 20 passengers is required. Transportation is included.

Vienna by Night and featuring the Christmas Markets

Enjoy your evening in the Imperial city by experiencing the magic of Vienna by night. After dinner aboard the ship, start driving along the illuminated Ringstrasse for an opportunity to view the city's buildings from a new perspective - beautifully lit for the night. Next, enjoy a delightful visit to the amazing Christmas market featuring locally made crafts, ornaments, gifts and traditional food and drinks. The above option is only available until 15 days prior to departure. After this time, the option may be purchased once you are onboard the cruise ship directly from the cruise line. Due to the nature of this option once purchased it will be nonrefundable *Duration: Approximately 3.5 hours*. Please note a minimum of 20 passengers is required. Transportation is included.



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AVAILABLE PREPAID OPTIONS

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Salutation:		nit a separate form for each passenger) Middle: (Please print EXACTLY as i	Last:t appears on Passport)	Suffix:	Nickname: Sr.)
✓		Opt	tion		Price Per Person (USD)
	The Schonbrun		80.00		
	The above option	is only available until 15 days	orior to departure. After this	s time, the option may	
	be purchased one	ce you are onboard the cruise s	hip directly from the cruise	line. Due to the	
	nature of this opti	on once purchased it will be no	nrefundable.		
<u> </u>	Vienna by Night	and featuring the Christmas	s Markets		70.00
		is only available until 15 days p		s time, the option may	
		ce you are onboard the cruise s			
		on once purchased it will be no			

Please make checks payable to FSB's Connect Club and send to:

FSB's Connect Club Attn: Kathy Leesekamp, Connect Club Director 1240 8th Ave

Marion, IA 52302-3504 Fax: (319) 447-4418



TRAVEL DATE: 12/07/2022 TERRITORY: M8 RES#: 1098034

Christmas on the Danube featuring a 6-night Danube River Cruise

For Reservations Contact: Kathy Leesekamp, Connect Club Director (319) 294-2900 FSB's Connect Club, 1240 8th Ave, Marion, IA 52302-3504

email: kathyleesekamp@fsbmail.net

A deposit of \$800 per person is due upon reservation. Reservations are made on a first come, first served basis. Reservations made after the deposit due date of June 23, 2022 are based upon availability. Final payment due by August 11, 2022. Deposits are refundable up until June 30, 2022.
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 Addı	ress:	
Passport Number:	Expiration D	ate: (month/day	//year)	_ Date of Issua	ince: (month/	day/year)
City, State, Country of Issuance:				_ Citizenship: _		
Should you become ill or injured, whom	ı should we contact (ı	not traveling w	vith you):		_ Phone: ()
ROOMING WITH: Check if address is	s the same as Passeng	er #1				
First:	Middle:		Last:			Suffix:
Collette cannot guarantee your seat preference Please be advised, when travelling as part of a "Federal law forbids carriage of hazardous mat baggage. A violation can result in 5 years' imphttp://www.tsa.gov/traveler-information/prohibite TRAVEL PROTECTION: () Yes, I wish to If you choose not to purchase Collette's Waiver I Fee does not cover any single supplement charsupplement will be deducted from the refund of covered reasons. See Part B for details.) CABIN PREFERENCE: Please Number Your Choices from 1 to () Middle Outside () Upper Outside (We will make every effort to accommodate you categories. If requested cabin category is not a PLEASE MAKE CHECKS PAYABLE TO:	group, many airlines do n terials such as aerosols, fi risonment and penalties o ed-items." purchase travel protect nsurance Plan, you will inc rges which arise from an i the person who cancels. 4. (1 being your top ch) Suite () Lower Or r cabin category preference vailable, the next available	not provide seat a freworks, lithium of \$250,000 or motion \$449 () cur penalties for condividual's trave (There is coverational or coveration of the coveration of the coverage of the covera	assignments. Preferred se batteries & flammable liquore. Details on prohibited No, I decline hanges and cancellations. ling companion electing to ge under Part B which incompositions. It is suggested the offered and the supplem	eating may be ava- uids aboard the a items may be for Travel Protection cancel for any re- cludes a single su	ailable for an a aircraft in your ound on TSA's in Payment is do reason prior to supplement ben your first, secon	additional charge. checked or carry-on "prohibited items" web page: ue with first deposit. The Waiver departure. The single sefit of \$1,000 for certain
Waiver/Insurance Amount: \$	Deposit Amo	ount: \$	Total a	mount enclose	d: \$	
Cardholder Name (if paying by Credit Card	l):					
Cardholder Billing Address: Check if ac	dress is the same as abo	ve				
Cardholder Phone:			Amount: \$			
Credit Card Number:	of the below conditions	and agreemen	t to credit card use:	M Date:	M Y Y	
I agree to pay according to the card issuer agre	ement. I understand and	accept the cance	ellation policy, terms and o	conditions. See h	ittp://www.goc	ollette.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.



162 Middle Street

Phone: 1-800-852-5655 Fax: 1-401-727-9014

If paying by credit card, please complete this form and return to FSB's Connect Club. 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: 1098034 TOUR: Christmas on the Danube featuring a 6-night Danube River Cruise DEPARTURE DATE: December 7, 2022 GROUP NAME: FSB's Connect Club

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:	n your Credit Card)	
Cardholder Address:	edit card statement)	
(as it appears on your cr	edit card statement)	
Cardholder Phone:		
	nn ExpressDiscoverMasterCard	Visa
Credit Card Number:		
Expiration Date:	Amount to be charged: \$	
Cardholder's Signature:	Date:	
I agree to pay according to the card policy, terms and conditions.	issuer agreement. I understand and accept Co	llette cancellation
FRAUD PREVENTION. All info	are now requiring a billing address and phone ormation MUST be provided. Thank you for your, please return this Authorization Form by many	our cooperation!
FSB's Connect Club Attn: Kathy Leesekamp, Co 1240 8th Ave Marion, IA 52302-3504	nnect Club Director	
Or by Fax to: (319) 447-4418		
Above credit card information has been	en called in to Collette	