

General Information

PROGRAM RATES DO NOT INCLUDE U.S. domestic and international airfare ■ Passport/visa expenses ■ Medical expenses and immunizations ■ Private airport transfers ■ Travel insurance ■ Optional excursions or deviations from the scheduled tour ■ Excess baggage charges ■ Meals not specified in the itinerary; dishes and beverages not part of the included meals; liquor or soft drinks except as noted ■ Laundry or dry cleaning ■ Telephone, fax, Internet and email charges ■ Room service ■ Other items of a personal nature

TRAVEL INSURANCE We strongly recommend the purchase of trip cancellation insurance, which is available for coverage of expenses in conjunction with cancellation due to illness or accident. Baggage insurance is also recommended. In the event that you must cancel your participation in a travel program, trip cancellation insurance may be the only source of reimbursement. Information about travel insurance will be sent to confirmed participants.

GROUP SIZE This program is limited to 94 participants, including travelers from the Archaeological Institute of America, National Trust for Historic Preservation, the Santa Barbara Museum of Art, Harvard, and Vanderbilt.

Terms & Conditions

RESERVATIONS & PAYMENTS

To reserve space, return the completed reservation form with your \$1,000 per person deposit to: Archaeological Institute of America Tours, P.O. Box 938, 47 Main Street, Suite One, Walpole, NH 03608-0938 or fax to 603-756-2922. We accept checks, payable to **Criterion Travel**, as well as VISA, MasterCard, American Express, and Discover. Reservations will be processed in order of receipt. By submitting your deposit you are bound to the terms and conditions delineated throughout this brochure. Final payment deadline is December 16, 2019, and can be made by check or credit card. All prices quoted in this brochure are based on tariffs, costs, and exchange rates of the U.S. dollar that were in effect at the time of publication.

CANCELLATIONS & REFUNDS

Upon payment of a deposit, all reservations are subject to the cancellation provisions set forth below and by which the passenger agrees to be bound. Cancellations shall not be effective until they are received in writing and confirmed by AIA Tours.

Deposits are refundable (less a \$250 per person administration fee) if written notice of cancellation is received within 30 days of reservation; after that, deposits are 100% nonrefundable. Cancellations after final payment deadline: All payments are 100% nonrefundable, regardless of booking date. For this reason we strongly urge participants to purchase trip cancellation insurance. If the program is cancelled by AIA Tours or our tour operator, you will receive a full refund, without further obligation on our part. Refunds cannot be made to participants who do not participate in any part of the program, who do not complete the tour for whatever reason, or whose documentation for entry into any country on the itinerary is delayed or denied. **NOTE:** Neither AIA Tours nor Criterion Travel, the tour operator, accepts liability for any airline cancellation penalty incurred by the purchase of a nonrefundable ticket in conjunction with this tour.

HEALTH All participants should be in good health and capable of keeping up with an active group of travelers. By forwarding the deposit for passage, the passenger certifies that he/she does not have any physical or other condition or disability that would create a hazard for him/herself or other passengers.

ITINERARY CHANGES The itinerary presented for this tour is subject to modification and change by AIA Tours and Criterion Travel. Every reasonable effort will be made to operate the program as planned; however, should unforeseen world events and conditions require the itinerary to be altered, AIA Tours and the tour operator reserve the right to do so for the safety and best interest of the group. Any extra expenses incurred in this situation are the responsibility of the participant.

RESPONSIBILITY Complete Terms & Conditions will be sent to participants upon confirmation and are available to prospective travelers upon request. As a condition of participation, each passenger will be required to sign a Release of Liability, which will be sent along with the Terms & Conditions.

California Seller of Travel Program CST #2088800-40

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by Sea

LAND OF THE RISING SUN aboard the *Caledonian Sky*
April 14-28, 2020

RESERVATION FORM

Please send your deposit check, payable to **Criterion Travel**, and this form to: AIA Tours, P.O. Box 938, 47 Main Street, Suite One, Walpole, NH 03608-0938; Fax: 603-756-2922. For questions, or to hold your space while you send in your Reservation Form, please contact us at **800-748-6262**; or by email: **aiastudytours.org**. Website: **www.aiatours.org**.

PAYMENT

- Enclosed is my check for \$ _____ (\$1,000 per person, payable to **Criterion Travel**), for _____ place(s) on *Japan by Sea*, or
 Please charge my deposit to my: VISA MC AmEx Discover

CARD # _____

EXP. DATE _____

CARDHOLDER SIGNATURE _____

SECURITY CODE _____

I/We understand that final payment is due December 16, 2019, 120 days prior to departure. Registrations after December 16, 2019: full payment is due.

NAME #1 (as on passport) _____

DATE OF BIRTH _____

NAME #2 (as on passport) _____

DATE OF BIRTH _____

STREET ADDRESS _____

CITY / STATE / ZIP _____

HOME PHONE _____

CELL PHONE _____

E-MAIL 1 _____

E-MAIL 2 _____

SINGLE TRAVELERS If this is a reservation for one person, please indicate:

- I prefer to have single accommodations. (limited availability)
 I plan to share accommodations with _____
 I'd like to know about roommates. I am a smoker / non-smoker.

I understand that if a roommate cannot be found by the final payment deadline of December 16, 2019, I will pay the single rate.

ACCOMMODATIONS

Cabin category preference: 1st _____ 2nd _____

Bed preference at hotels (not guaranteed): Two beds One bed

I/We have read the tour information section of the brochure and agree to the Terms and Conditions stated therein.

SIGNATURE _____

DATE _____

SIGNATURE _____

DATE _____