

TERMS & CONDITIONS

RESERVATIONS & PAYMENTS

A deposit of \$1,000 per person is required to confirm a reservation. You may reserve space immediately by contacting Archaeological Institute of America Tours at (800) 748-6262 or aia@studytours.org. Or you may send the completed reservation form with your deposit payment (we accept checks **payable to Criterion Travel**, as well as VISA, MasterCard, American Express, and Discover) to Archaeological Institute of America Tours, P.O. Box 938, 47 Main Street, Suite One, Walpole, NH 03608 or fax to (603) 756-2922. Final payment deadline is May 7, 2020 and can be made by check or credit card. Reservations will be processed in order of receipt. By submitting your deposit, you are bound to the terms and conditions delineated throughout this brochure.

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 of May 7, 2020: 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 Criterion Travel, 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 accepts liability for any airline cancellation penalty incurred by the purchase of a 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 and study leaders presented for this tour are 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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RESERVATION FORM

To reserve your space, please complete this form and send it to: AIA Tours, P.O. Box 938, 47 Main Street, Suite One, Walpole, NH 03608-0938. Deposit checks should be made **payable to Criterion Travel**. You may also call AIA Tours at **800-748-6262** or 603-756-2884. Fax: 603-756-2922. Email: aia@studytours.org. Website: www.aiatours.org.

CONTACT INFORMATION (please print)

NAME #1 (AS IT APPEARS ON PASSPORT) DATE OF BIRTH

NAME #2 (AS IT APPEARS ON PASSPORT) DATE OF BIRTH

MAILING ADDRESS

CITY / STATE / ZIP

HOME PHONE MOBILE PHONE

EMAIL #1

EMAIL #2

Are you traveling with any other parties on this program?

☐ Yes, _____

PAYMENT INFORMATION

☐ Enclosed is my check for \$ _____ (\$1,000 per person, payable to **Criterion Travel**), for _____ place(s) on *Cruising the Adriatic*.

☐ Please charge my deposit of \$ _____ (\$1,000 per person) to my
☐ VISA ☐ MasterCard ☐ American Express ☐ Discover

NAME ON CREDIT CARD

CREDIT CARD NUMBER EXP. DATE SECURITY CODE

CARDHOLDER SIGNATURE

ACCOMMODATIONS (not guaranteed)

Cabin Category Preference: 1st _____ 2nd _____
Bed Preference ☐ King/Queen ☐ Twins

SINGLE TRAVELERS (choose one)

☐ I prefer to have single accommodations. (limited availability)

☐ I plan to share accommodations with: _____

☐ I'd like to know about roommates.

I am a ☐ non-smoker ☐ smoker

I understand that if a roommate cannot be found by the final payment deadline of May 7, 2020, I will pay the single rate.

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

SIGNATURE #1 DATE

SIGNATURE #2 DATE