

CARLSON MARITIME TRAVEL

623 E. Tarpon Ave. * Tarpon Springs, Fla. 34689

Ph: 727.945.1930 * Fax: 727.945.1919

Email: suzanne@scarlsontravel.comweb: www.scarlsontravel.com**GROUP NAME:****GEMS OF ICELAND***October 16-22, 2026*

Carlson Maritime Travel

TRAVEL RESERVATION FORM**Carlson Maritime Travel**(►) Full Name (as on passport): _____
First M.I. Last(►) Home Address: _____
Street City State zip

(►) Birth Date: _____ Birth Place if other than U.S. _____

(►) Passport Number: _____ Exp. Date _____ (6mos.exp)
(must be valid for ***six months after departure***)

(►) Cell Phone _____ (►) Email _____

Please contact us regarding assistance with flights if needing flights other than blocked space on group flights.

PAYMENTS: Payments to Carlson Maritime Travel can be sent via personal checks, certified check, cashier's check, bank transfer, Pay Pal, ACH or via credit card (add 3.5% for all credit card transactions)**CANCELLATION AND REFUND POLICY FOR GROUP TRAVEL**

\$250.00 per person cancellation penalty after \$600.00 pp deposit is paid.

Funds are Non-refundable after final payment is made. Cancellation insurance is strongly recommended.

Group insurance for land package: \$303.00 per person payable upon final payment. (optional)

RESPONSIBILITIES

Carlson Maritime Travel, and its employees, shareholders, officers, directors, successors, agents, and assigns, neither own nor operate any person or entity which is to, or does, provide goods or services for these trips or tours. Because Carlson Maritime Travel does not maintain any control over the personnel, equipment, or operations of these suppliers, CMT assumes no responsibility for and cannot be held liable for any personal injury, death, property damage, or other loss, accident, delay, inconvenience, or irregularity which may be occasioned by reason of (1) any wrongful, negligent, willful, or unauthorized acts or omissions on the part of any of the tour suppliers, or other employees of agents, (2) any defect in or failure of any vehicle, equipment, instrument owned, operated or otherwise by any of these suppliers, or (3) any wrongful, willful, or negligent act or omissions on any part of any other party not under the supervision or control of the Operator (4) sickness, weather, strikes, hostilities, wars, terrorist acts, acts of nature, local laws or other such causes. All services and accommodations are subject to the laws and regulations of the country in which they are provided. CMT is not responsible for any baggage or personal effects of any individual participating in the trips arranged by CMT. Individual travelers are responsible for purchasing a travel insurance policy, if desired, that will cover some of the expenses associated with the loss of luggage or personal effects. The tickets, vouchers, and other travel documents for the services of these contractors are subject to all terms and conditions of the respective suppliers (some of them may limit or exclude the supplier's liability). Under no circumstances is CMT to be construed as a carrier under contract for safe carriage of the passenger or his or her baggage and belongings.

LIABILITY RELEASE STATEMENT

I have read the responsibility, liability and cancellation disclaimers stated above and I hereby release and discharge Carlson Maritime Travel, its agents, employees, officers, directors, shareholders and successors from and against any and all liability arising from my participation in this trip. I agree that this release will be legally binding and it being my intention to fully assume all risk of travel and to release Carlson Maritime Travel from any and all liabilities to the maximum permitted by law.

By signing below, the participant agrees that he/she understands that a CMT program may involve risk, hazards and unforeseen circumstances and that the participant is prepared to accept those risks.

►Signature: _____

CREDIT CARD AUTHORIZATION (Fill out only if paying by credit card)

Dear Client,

In order to authorize Carlson Maritime Travel to charge your credit card for the services indicated, please fill out and return this form to our office at the address listed or call us with the information.

FIRST NAME _____ **M.I.** _____ **LAST NAME** _____
(credit card holder – as it appears on your credit card)

ACCOUNT NUMBER _____ **EXP.DATE** _____

Credit Card Security Code* _____

** The last 3 digits found on the signature strip on the reverse side of your VISA or MASTERCARD
Or the 4 digits found on the front side of your AMERICAN EXPRESS CARD*

►**SIGNATURE** _____ **DATE** _____
(authorized signature)

►**AMOUNT AUTHORIZED: \$** _____ **DATES OF TRAVEL** 10/16-10/22, 2025
Your tour price reflects a cash payment discount. If paying by credit card: A 3.5% merchant fee will be added to each credit card charge

THANK YOU FOR TRAVELING WITH CARLSON MARITIME TRAVEL!

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IATA, CLIA, ARC,

Dept of Commerce D1118969

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