# Saranjan Tours Global Philanthropy Tour Cape Verde Islands
## September 2-13, 2009
## Trip Conditions & Payment Information

CANCELLATION AND REFUND POLICY:

| | |
|---|---|
| 90 days or more: | $250 handling fee plus the non-refundable portion of any cancelled reservation/service |
| 89-60 days: | 20% is non-refundable |
| 59-30 days: | 50% is non-refundable |
| 45 days or fewer: | 100% is non-refundable |

LIABILITY STATEMENT:

Saranjan, Inc. acts only as agents in land transportation, accommodation, sightseeing, transfers, and meals, and assumes no liability for injury, delay, inconvenience, irregularity, loss or damage to person or property, or additional costs resulting directly or indirectly from any of the following causes: acts of God, fire, acts of government or other authorities, wars, civil disturbances, acts of terrorism, strikes, riots, thefts, defaults, delays, cancellations, or changes in transport or hotel service, over which it has no control. Travelers assume total responsibility for their own actions and personal safety. We strive to deliver the services described. If unforeseen conditions arise beyond our control, we reserve the right to vary the itinerary and substitute best available accommodation. No refunds will be made for unused services. Final price subject to currency fluctuation adjustment. We recommend trip cancellation insurance.

*I acknowledge that I have been offered travel insurance coverage and that I have read and understand the Trip Cancellation and Refund Policy and the Liability Statement and accept them on behalf of myself and my party/client.*

SIGNATURE _____ DATE _____

***To reserve a place, please send your deposit by 30 May 09***. PAYMENT INFORMATION / AUTHORIZATION:

***Please do not e-mail your credit card details to us; e-mail is not secure.*** *We recommend that you either fax/tel or mail the completed form.* ***Deposit due: $1316 per person.***

___ Enclosed is my check made payable to Saranjan Tours.

___ Please charge my credit card (check one): ___ VISA ___ MASTERCARD

Card number: ____ ____ ____ ____–____ ____ ___ ____–____ ____ ____ ____–____ ____ ____ ____

I authorize a payment of $ _____.

_____ _____
CARDHOLDER'S SIGNATURE EXPIRATION DATE

_____ _____
CARDHOLDER'S NAME AS IT APPEARS ON CREDIT CARD PAYMENT DATE

_____
CREDIT CARD BILLING ADDRESS

_____

Please attach a copy of the first page of your passport. Thank you.