

## Credit Card Authorization & Signature Form Complete and fax back to 404-240-0948

Santa Monica Philharmonia: 2007 Tour

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PARTICIPANT NAME(S)	1.	
	2	
Phone number:		
Email address:		
Tour Pricing	om JFK: Air and Land arrangements per person, double occupancy: \$3,395.00 om JFK: Land only: deduct \$700 per person from basic tour price (= \$2,695.00 ppdo)	
	From LAX: Air and Land arrangements per person, double occupancy: \$3,535.00 From LAX: Land only: deduct \$840 per person from basic tour price (=\$2,695.00ppdo)	
	Single supplement: Add \$795.00 to package price Estimated airport taxes, fees and fuel surcharges: approximately \$19	5 per person
Payment Schedule:	A. December 15, 2006:  1. First non-refundable deposit @ \$400 per person is due.  2. Optional Travel Insurance payment is due.  B. February 15, 2007: Second non-refundable deposit @ \$2,500 per person is due.  C. May 16, 2007: Balance (non-refundable) is due.  SINCE ALL PAYMENTS ARE FULLY NON-REFUNDABLE, WE RECOMMEND THAT YOU PURCHASE OPTIONAL TRAVEL INSURANCE. TO DO SO, PLEASE COMPLETE SEPARATE TRAVEL INSURANCE FORM AND RETURN BOTH FORMS BY DEC. 15, 2006.	
Credit Card Authorization:	I, the undersigned ("Customer"), authorize International Marketing & Travel Concepts, Inc. ("IMTC") (dba "Concerts Austria") to charge my credit card per the following schedule for travel arrangements as specified and I understand that the amount for the final balance due is subject to total number of passengers traveling plus airport taxes, fees and fuel surcharges applicable on date of ticketing:	
	1. December 15, 2006: \$400 per person (x1 or x2)	\$
	2. February 15, 2007: \$2,500 per person (x1 or x2)	\$
	3. May 16, 2007: Balance per person** (x1 or x2) PLUS	\$
	Airport taxes, fees, and fuel surcharges (approx. \$200 per person) \$\ \frac{\text{variable}}{\text{variable}}\$ (exact amount for taxes is only known at time of ticketing, and will be completed by tour company)  I understand that IMTC/Concerts Austria will verify this information with the credit card company, and I declare that this information is correct.  Card member name:	
	CC Account Number: AX MC VS	Expiration date:
	Billing address:	
	Authorized signature (required):	
	Print name:	Date: