### **CLASSICAL EXCURSIONS**

# Treasures of India

An Insider journey with author & travel writer Cosmo Brockway

Delhi · Agra · Jaipur · Mandawa · Naguar · Jodhpur

February 20- March 2, 2025

### **Registration Information · Terms & Conditions**

**PROGRAM:** The cost of the tour: \$11,750 per person, based on double occupancy. A separate \$600 per person tax-deductible donation to the Institute of Classical Architecture & Art is required to participate.

Single supplement: \$3,600 for hotel double-room for single use.

**Program Rate Includes**: A deluxe private motor coach is included for all sightseeing, visits, transfers and drives as outlined in the itinerary. The trip will be fully escorted and guided by Cosmo Brockway & Lani Summerville of Classical Excursions. Admission fees are included for sightseeing as described in the final itinerary.

**Domestic Flight:** We include one internal flight from Jodhpur to Delhi.

Hotel Accommodations: 10-nights – including 3-nights at the Imperial Hotel Delhi, 1 night is Agra at the ITCH Mughal, 2-nights at the Samode Palace in Jaipur, 1 night at the Ranvas Hotel Nagaur, 2 nights at the Vivaana Culture Hotel in Mandawa, 1 night at the Umaid Bhawan Palace Hotel in Jodhpur. 1 night at the JW Marriott at the airport in Delhi. King beds may be requested but cannot be guaranteed.

**Meals:** Included are breakfast daily, all lunches, and all dinners.

**Taxes**: Included are service charges on hotels and restaurants as well as taxes levied by local governments and authorities.

Tips & Gratuities: Not Included are tips to drivers, guides and extra security are not included.

**RESERVATIONS:** A deposit of \$2000.00 per person is required to confirm reservations. Final payment is due on or before October 25<sup>h</sup>, 2024.

**Mobility / Eligibility:** The trip *requires* participants to be capable of walking some distances and of climbing stairs. If you have any questions or concerns regarding your ability to participate in this tour, please contact Lani Summerville at Classical Excursions before reserving your space for this tour. She may be contacted at 413-446-8728 or <a href="Office@ClassicalExcursions.com">Office@ClassicalExcursions.com</a>

**CONTRIBUTION:** A fully tax-deductible contribution to The Institute of Classical Architecture & Art is required. This separate contribution payment of \$600.00 per person to be paid directly to ICAA. This can be made in 2024 or by February 1, of 2025. Contribution must be received prior to the start of the tour.

**TRIP INSURANCE:** We strongly advise you to take trip insurance. We recommend **Travel Safe**. You are also welcome to use other companies as well if you have a trusted travel insurer you prefer.

Direct address link > www.travelsafe.com/?agent=14701

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**Tour Rate Does Not Include:** Passport fee, transportation round trip from your home to airports, transatlantic airfare (unless it is purchased at an additional cost from Classical Excursions), supplemental charges for single occupancy. Trip cancellation insurance is not included; however, we can help you with this and strongly advise you to purchase it. Tips to drivers, guides and extra security are not included.

**Separate Arrangements:** Some travelers wish to make special hotel bookings separate from those of the group. If you choose to make your own arrangements for hotels or extra nights, it is your responsibility to provide your transportation and to be at the appointed time and location for joining the group.

Cancellation and Refund of Travel Arrangements: We strongly recommend the purchase of trip cancellation/interruption insurance, which we will gladly help you with. A deposit of \$2,000 per person is requested to book your space. Should it become necessary to cancel your trip before September 15th you will receive a full refund, minus a \$300 handling fee. For cancellations on or after September 15, you will forfeit your \$2,000 deposit, and if cancelling after October 25th when full payment is due, all payments are forfeited if one cancels. If your space is resold and the group has a full complement of participants, we will refund your land payment even after the cancellation deadline minus a \$300 handling fee. No refunds are possible for trip interruption. We urge you to purchase your own insurance to cover cancellation/interruption covering the full price of the trip arrangements within seven days of your deposit. You are responsible for the purchase of this insurance; we are happy to help or advise you in this purchase.

Responsibility: Classical Excursions of Pittsfield, Massachusetts and your tour escorts act only in the capacity of agents for the participant in all matters pertaining to hotel accommodations, sightseeing excursions, all means of transportation and all other features of the tour, and as such, are free of responsibility for any damages from any cause whatsoever. Classical Excursions will not be held responsible for any damage, expense or inconvenience caused by late arrivals/departures or by any other schedule changes and or other adverse conditions. Nor will Classical Excursions be held responsible for the loss of or damage of baggage or any other article belonging to the tour participant. No refunds will be made for absences from any portion of the land tour. The right is reserved to decline, accept or remand any person as a member of this group at any time before or during the tour. If you must make an insurance claim, you must contact the insurance company directly with your insurance confirmation number. Classical Excursions is not responsible for any additional expenses incurred due to Covid-19 or other illness, trip interruption or recovery stays in other countries. We strongly advise that travelers purchase insurance that covers these items. The right is reserved by Classical Excursions to make alterations or substitutions in the provided program should local conditions or transportation schedules so require. Land rates and quoted group airfare are based upon those in effect at time of brochure publication and are subject to change without notice if rates should fluctuate more than 5%. If any changes in price are made the tour participants will be notified immediately.

**Special Health Considerations:** While we continue to monitor the worldwide situation of the last couple of years, all participants must adhere to regulations and local requirements at the time of the tour. Classical Excursions will advise in advance of the tour date, any known relevant issues. This may include: proof of vaccination, as well as testing, if required in order to enter countries on the itinerary, and/or by airlines, hotels, private hosts, and other elements of the tour program. In addition, participants will be required to complete and sign the Health & Safety Supplemental Release and return it to Classical Excursions within 72 hours prior to the tour program departure date or your travel date. Participants accept all risks and costs associated with the requirements stated in this paragraph including an inability to join/continue with any element(s) of the tour program. Any expenses incurred, including but not limited to medical expenses, testing fees, quarantine and evacuation expenses as a result thereof are to be borne by the participant/traveler.

Please contact the Office of Classical Excursions to register or ask any questions: Office@ClassicalExcursions.com

CLASSICAL EXCURSIONS | 7 Club Circle, Pittsfield MA 01201 | T. 413-446-8728

### **REGISTRATION FORM**

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<ul> <li>☐ Yes, I have read, understand, and accep</li> <li>☐ Yes, I understand the cancellation dates</li> <li>☐ Yes, I have appropriate mobility and was</li> <li>☐ Yes, I plan to take out trip insurance.</li> </ul>	s as outlined. alking to undertake this trip	
Please return this form with your tour depo check or by credit card to Classical Excursi		300 is non-refundable) payable by
NAME IN FULL AS ON PASSPORT	(1):	
Spouse/Partner/Friend – passport name (2	2):	
Address:		
Cellular - Traveler 1:	Traveler 2:	
Email 1:	Email 2:	
Passport No. – Traveler 1:	Issuing Country:	Expires:
Passport No. – Traveler 2:	Issuing Country:	Expires:
PREFERRED NAME(s):		
ACCOMMODATIONS, UPGRADES &  ☐ I wish to share my ☐ spouse/partner, or  ☐ Single occupancy room.  ☐ I wish to arrive early on	r   friend (please name)	
CREDIT CARD PAYMENT: To pay b		following:
Name on Card:		
Billing Address (same as above, or please c	omplete):	Zip:
Expiration Date: Card Number:		
I authorize Classical Excursions to charge	to my credit card.	
Signature:	Γ	)ate·

For additional information, please contact: Office@ClasssicalExcursions.com

You may submit this form by email with a scan or taking a photograph of the completed form.

#### MAIL FORM AND CHECK TO:

Classical Excursions, 7 Club Circle, Pittsfield, MA 01201