

Arizona State University Art Museum
ART ENCOUNTERS: BRAZIL AND ARGENTINA
September 18 - 30, 2005

RESERVATION FORM

A completed reservation form accompanied by a deposit of \$1,000 per traveler will hold your space on this museum trip.

PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT EACH TRAVELER:

Name(s) _____

Street/P.O. Box _____

City _____ State _____ Zip _____

Phone (____) _____ - _____ Fax (____) _____ - _____

E-mail: _____@_____

The price per person for this unique, exciting 11 day - 10 night travel adventure is \$4,380, which includes a \$400 contribution to the Museum that directly benefits its rapidly expanding initiatives in programming and collecting Latin American art. The price also includes: all internal Brazil and Argentina flights and transportation; 10 nights in luxury hotels in Rio de Janeiro, São Paulo and Buenos Aires; selected meals as stated on itinerary; fully escorted tour with cultural experts and local guides in Brazil and Argentina; admission to all museums and events; all gratuities; and unparalleled, privileged access as ASU Art Museum travelers to private collections, artists' studios and galleries. Does not include: roundtrip international airfare; airport transfers; visa fees; meals other than on itinerary; drinks(except at welcome and farewell meals). Single supplement = \$700.*

3-STEP RESERVATION PROCESS:

1 Total cost per person is \$4,380 (based on double occupancy).

_____ Deposit @ \$1,000 per person = \$ _____

This deposit is due no later than Friday, April 29th, 2005. Early payment is appreciated. This deposit may not be considered a charitable contribution.

_____ Balance Due @ \$3,380 person = \$ _____ (\$4,080 with \$700 single supplement)

The remaining balance of \$3,380 per traveler is due by Friday, July 1, 2005.

2 Indicate method of payment below:

_____ Payment by check to ASU Foundation: **Deposit is enclosed I will send check for balance due by July 1st**

_____ Please charge my credit card for the: **deposit remaining balance on July 1st, 2005**

_____ Indicate type of credit card, card number, and expiration date:

VISA _____ MasterCard _____ AMX _____ Discover _____

Card Number _____ Exp. Date: _____

Signature _____ Date _____

*Due to the value of benefits received, \$400 of the total payment may be considered a charitable contribution. The gift receipt for this portion will be issued by the ASU Foundation upon remittance of the remaining balance. Funds will be deposited with the ASU Foundation, a separate non-profit entity that exists to support ASU.
(30-X-MFAM-0028)

3 PLEASE READ AND HAVE EACH TRAVELER SIGN on reverse side (required by ASU and Art Quest International)

RELEASE, INDEMNITY, AND ASSUMPTION OF RISK (includes travel)

Activities: *Art Encounters: Brazil and Argentina* September 18 – 30, 2005

Names of Participant(s): _____

I am signing this release so that I can participate in the activities associated with this trip. This Release, Indemnity and Assumption of Risk Statement covers all events and occurrences associated with the activities, including any associated travel, meals and lodging. I understand that if I have any concerns about my health or ability to participate, it is my responsibility to discuss my concerns with my physician before deciding to participate.

I agree to assume the risk that unexpected events may occur and result in harm, injury or illness to me or damage to my property while I am participating in or observing the activities or while I am traveling to or from the activities. I agree to indemnify ASU, ABOR, the State of Arizona and the ASU Foundation and not to sue for any harm or damage associated with my participation, observation, or travel if the harm or damage is not due to negligence or fault. I understand that my participation in these activities is voluntary.

INSURANCE:

Trip protection insurance is available to individual travelers. Cost and details can be obtained through your travel agent, travel insurance companies, or through Art Quest International, our tour coordinator. Benefits generally include medical expenses, repatriation expenses, legal fees, baggage insurance and accidental death coverage.

RESPONSIBILITY STATEMENT:

Art Quest International (AQI) and ASU serve only to assist in making necessary travel arrangements for its participating members, and in no way represents, or acts as agent for, transportation carriers, hotels, and other suppliers of services connected with this tour. Therefore, is not liable for any injury, damage, loss, accident, delay or other irregularity which may be caused by the defect of any vehicle or the negligence or default of any company or person engaged in performing any of the services involved. Additionally, responsibility is not accepted for losses or expenses due to sickness, weather, strike, hostilities, wars, natural disasters or other such causes. All services and accommodations are subject to the laws of the country in which they are provided. AQI does not accept liability for any airline cancellation or delay incurred by the purchase of an airline ticket. Baggage and personal effects are the sole responsibility of the owners at all times. AQI reserves the right to make changes in the published itineraries whenever, in its sole judgment, conditions so warrant, or if they deem it necessary for the comfort, convenience or safety of the tour participants.

AQI also reserves the right to decline to accept any person as a participant in the tours, or to require any participant to withdraw from the tour at any time, when such an action is determined by the appropriate AQI staff representative to be in the best interests of the health, safety, and general welfare of the tour group, or of the individual participant.

The undersigned has read carefully the schedule of activities for this tour. The undersigned recognizes that there is a moderate level of physical activity involved in the tour and the tour may require participants to walk long distances and climb stairs. The undersigned accepts any risks thereof and the conditions set forth therein. The undersigned also understands and hereby agrees for and on behalf of himself/herself, his/her dependents, heirs, executors, administrators, and assigns to abide by the conditions set forth under RESPONSIBILITY, above, and to release and hold harmless AQI Corporation and any of their officers or representatives from any and all liability for delays, injuries or death, or for the loss of or damage to, his/her property however occurring during any portion of the program.

AQI will refund all passenger payments in full should the U.S. State Department issue a travel warning advising against travel to the country due to unsafe conditions.

If I require emergency medical treatment, please contact:

Name of emergency contact person: _____

Telephone number of contact person: _____

Signature of EACH traveler: _____ **Date:** _____
_____ **Date:** _____

MAIL COMPLETED FORM AND PAYMENT TO:
Ted Decker
ASU Art Museum
Box 872911
Tempe, AZ 85287-2911