



Thank you for choosing Melia Nassau Beach. To further assist you, please review the instructions and follow the 4 steps on the checklist below.

Room Reservation Request Checklist and Instructions

- ☐ **Step 1:** Complete Credit Card Authorization Form (ROOM)
- ☐ **Step 2:** Manually Sign Credit Card Authorization Form (ROOM)
- ☐ **Step 3:** Add or deny travel insurance on the Enrollment Form (page 2)
 - If you do not wish to add travel insurance, simply check off the do not wish option at the top of (page 2) along with your signature
 - If you are interested in purchasing travel insurance, please complete the entire form on (page 2) and Manually Sign the Enrollment Authorization Form
 - For further details about the insurance cost and details, please refer to (page 3)
- ☐ **Step 4:** Email or fax back BOTH documents to the agent assisting you
 1. *Credit Card Authorization Form (ROOM)*
 2. *ENROLLMENT AUTHORIZATION FORM*

Please note: The department can start the reservation process once all of the paperwork required to reserve your stay is received. The department will need both documents in order to begin the reservation process.



CREDIT CARD AUTHORIZATION FORM (ROOM-Wedding Group)

(We accept Visa, Discover, MasterCard, & American Express)

TO ADD OR DENY TRAVEL INSURANCE PLEASE REFER TO PAGE 3 - ENROLLMENT AUTHORIZATION FORM

Guest's Name:	Order #:
Guest's Name:	
Child name(s):	Age(s)
Dates of Travel:	Total # of nights:
Hotel Name: Melia Nassau Bahamas	
Room Category:	
C.C. Holder's Name:	
C.C. Number:	
Expiration date:	CVC #: (Located on the back of the card)
Billing address:	ZIP:
Contact phone #:	
Contact email:	
Amount - USD: \$	

**** PLEASE PRINT NEATLY & LEGIBLY ****

Description of charge:
Room Deposit and Final Payment
If part of a wedding group, please provide bride/groom name(s): MAHONEY & GALLO
Cardholder's Signature:
By signing above, I authorize the charge for the room block deposit and understand and authorize that payment on my reservation will be automatically charged to the credit card noted above for any additional deposits for rooms that are added to the room block. In addition, I agree to the terms and conditions provided. Charge to appear on statement as: ASK ME - our US payment center.

Once complete, return via email: groups@meliaromance.com OR fax: 305-675-6460 Attn: FRANCIS

Please note:

- A penalty will apply to all cancellations.
- Reservations made within 30 days of arrival will incur a special handling/rush fee of \$25.
- Reservations modified within 45 days of arrival will incur a special handling fee of \$25 in addition to any cancellation penalties.
- Requests to change a credit card on file must be submitted no later than 2 weeks prior to final payment due date.
- Refer to further terms and conditions on the following pages.

FOR INTERNAL USE ONLY

Was this booking generated by a travel agent? Yes / No (circle one)
Travel <u>Agency</u> Name:
Travel <u>Agent</u> Name:
T.A. Email:
IATA /CLIA/TRUE #:
Agency Verified: YES <input type="checkbox"/> NO <input type="checkbox"/>
App#: _____ Date: _____ By: _____

ENROLLMENT AND CREDIT CARD AUTHORIZATION FORM

(We accept Visa, Discover, MasterCard, & American Express)

Ask Me, Inc. offers a Travel Protection Plan to protect your vacation investment.

Important - This coverage is recommended to protect your travel investment. Purchase of the plan will not be accepted after your total reservation cost has been paid in full.

We must receive your premium payment within 14 days of the date we receive your initial deposit/payment for your reservation in order for the exclusion for Pre-Existing Conditions to be waived, provided you are medically able to travel at the time you pay your premium.

ENROLLMENT OPTIONS

To purchase the plan, please complete the enrollment form and return via fax or email below with the appropriate premium amount.

☐ I/we do not wish to be covered by your travel insurance plan. Thank you.

Signature _____ Date _____

☐ Yes, I/ we would like to purchase the travel insurance plan.

Total Reservation Cost \$_____ (Include other fees & taxes)

Premium Charged \$_____

Guest Name:	Order Number:
Guest Name:	
C.C. Holder's Name:	
C.C. Number:	
Expiration date:	CVC #: (Located on the back of the card)
Billing Address:	ZIP:
Contact phone #:	
Contact email:	
Arrival Flight:	Date:
Departure Flight:	Date:
Amount – USD: \$	

**** PLEASE PRINT NEATLY & LEGIBLY ****

Description of charge:	<i>Travel Insurance Premium</i>
Cardholder's Signature:	Date:
By signing above, I authorize the charge to purchase the travel insurance plan based on the cost of my reservation. I understand & authorize the full charge at time of booking the travel insurance and that the insurance premium is non-refundable. I also understand that changes to my reservation may cause changes in the insurance premium due.	

Once complete, email or fax back to: 305-675-6460 Attn: Francis

COVERAGES AND SERVICES	MAXIMUM BENEFIT	COVERAGES AND SERVICES	MAXIMUM BENEFIT
Travel Protection		Medical Protection	
Trip Cancellation	Trip Cost	Medical Expense/Emergency Assistance	
Trip Interruption	Trip Cost	Emergency Medical Expense	\$25,000
Missed Connection	\$750	Emergency Evacuation and Repatriation	\$25,000
Travel Delay (Up to \$150 Per Day)	\$750	One Call 24-Hour Assistance Services	Included
Baggage Protection			
Baggage and Personal Effects	\$1,000		
Baggage Delay (More than 24 Hours).....	\$250		

PROTECTION PLAN PER RESERVATION

Reservation Cost	Insurance Premium	Reservation Cost	Insurance Premium
\$0 to \$1,000	\$56.00	\$7,001 to \$8,000	\$361.00
\$1,001 to \$2,000	\$78.00	\$8,001 to \$9,000	\$434.00
\$2,001 to \$3,000	\$105.00	\$9,001 to \$10,000	\$515.00
\$3,001 to \$4,000	\$140.00	\$10,001 to \$11,000	\$570.00
\$4,001 to \$5,000	\$186.00	\$11,001 to \$12,000	\$641.00
\$5,001 to \$6,000	\$237.00	\$12,001 to \$13,000	\$713.00
\$6,001 to \$7,000	\$323.00	\$13,001 to \$14,000	\$820.00
		\$14,001 to \$15,000	\$907.00

INFORMATION YOU NEED TO KNOW:

Benefits in this brochure are described on a general basis only. There are certain restrictions, exclusions and limitations that apply to all coverages and services. This advertisement does not constitute or form any part of the Plan Description or any other contract of any kind. Plan benefits, limits, and provisions may vary by state jurisdiction.

To review full plan details online, go to:

www.tripmate.com/wpF498A or contact Trip Mate at 1-800-888-7292.

This plan is underwritten by:

United States Fire Insurance Company, Eatontown, NJ.

Benefits are administered by:

Trip Mate, Inc.*, 9225 Ward Parkway, Suite 200, Kansas City, MO, 64114, 1-800-888-7292 (*in CA & UT, dba Trip Mate Insurance Agency).

General Terms and Conditions

EFFECTIVE FOR BOOKINGS MADE FROM March 11th, 2015 ONWARD:

Before travelling abroad, obtaining travel insurance is recommended. To add travel insurance to your reservation, please complete, sign and return the credit card authorization form with your selection based on your reservation cost.

PAYMENT AND CANCELLATION TERMS:

- Insurance rate for coverage is due in full at time of booking the travel insurance.
- Any cancellations are under full penalty of the insurance rate amount.
- Any changes to the reservation may affect the total of the insurance premium.
- This policy may not be purchased after the final payment due date for your trip.
- The Pre-Existing Condition Exclusion is waived if payment for this plan is received within 14 days of your initial deposit/payment for your trip.



PAYMENT & CANCELLATION POLICIES – ROOM RESERVATIONS

RESERVATIONS ROOMS:

- Deposit of \$100 per person is required at time of booking.
- Full/final payment is due 30 days prior to travel.
- Cancellations received outside of 30 days prior to arrival will incur a penalty of \$50 per person.
- Cancellations of any kind within 30 days of arrival will incur a penalty of 100% of monies paid.
- A \$25 fee will apply to changes made to a reservation, within 45-days of arrival, that require travel documents be reissued. This fee will automatically be charged to the credit card on file.
- To reinstate a canceled reservation, a \$50 fee will apply if space is available and the total rate may be higher than the original rate.
- Reservations made within 30 days of arrival will incur a special handling/rush fee of \$25.

RESERVATION PAYMENT OPTIONS:

For payment of rooms: We accept a maximum of **two** forms of payment **ONLY**. (i.e. 50/50 split payment on a check and credit card, OR 50/50 split payment on each of the two credit cards, etc.)

- Reservations with two forms of payment are processed by 50/50 split payment per form of payment.
- We accept credit card (VISA, Mastercard, & American Express), personal check, cashier's check & wire transfer for weddings and rooms.
- All payments must be in US FUNDS.
- The credit card on file for a reservation will be automatically charged on the payment due date for the balance due.
- Requests to replace a credit card on file must be submitted no later than 2 weeks prior to **payment due date**.

- Further instructions for check payments and wire transfers can be found below.

BY CHECK

Payable to: Ask Me About, LLC

Mailed to: 4967 SW 75 Avenue, 2nd Floor
Miami, FL 33155

To pay by check, send by mail:

1. Please include the check.
2. Please include the invoice to apply your payment.

Note: Checks must be received no later than 45-days prior to the event.

BY WIRE TRANSFER

Wire Transfer Instructions provided upon request.

Note: \$25 fee per wire will apply – please add this amount to each wire payment.