

This form is to be completed and signed by the travel agency owner or authorized representative only

| TRA  | VEL AD                   | OVISOR                   | FAM API   | PLICA          | TIOI            | V             |              |  |
|--|--------------------------|--------------------------|---|----------------|-----------------|---------------|--------------|--|
| Travel Advisor: (First name)   | (Middle name)            |                          | (Last name)   | (Last name)    |                 | Gender        | DOB          |  |
| Traveling Companion: (First name)  | (Middle name)            |                          | (Last name)   |                |                 | Gender        | DOB          |  |
|  |                          |                          |   |                |                 |               |              |  |
|  | Names provided           | above must be d          | as they appear on pas                                 | sport          |                 |               |              |  |
| Agency Name  |                          |                          | IATA/CLIA/TRUE Number                                 |                |                 |               |              |  |
| Travel Agency Address  |                          |                          |   |                |                 |               |              |  |
| City State/ Province   |                          |                          | Zip   |                |                 | / Postal Code |              |  |
| Agency Phone #   |                          |                          | Advisor Phone #                                       |                |                 |               |              |  |
| Email Address  |                          |                          | Agency Fax  |                |                 |               |              |  |
| Manager Name   |                          |                          | Consortia   |                |                 |               |              |  |
| Agency Website   |                          |                          | No. Current Bookings with AmaWaterways                |                |                 |               |              |  |
| AmaWaterways BDM   |                          |                          | How many groups do you promote per year?              |                |                 |               |              |  |
| No. of clients in your database  |                          |                          | No. of passengers booked by agency last calendar year |                |                 |               |              |  |
| Do you actively sell river cruises? If so, approx. how many passengers/year?   |                          |                          | Which cruise line do you book the most?               |                |                 |               |              |  |
| Which tour operator do you book the most?                                      |                          |                          | How did you hear about this FAM offer?                |                |                 |               |              |  |
| 1 <sup>st</sup> Choice Itinerary Name  | Sailing Date & Ship Name |                          |   | Cabin Category |                 | Land Package  |              |  |
| 2 <sup>nd</sup> Choice Itinerary Name  | Sailin                   | g Date & Ship Name       |   | Cabin Catego   | abin Category   |               | Land Package |  |
| Bedding Configuration  | Beds T                   | Together                 | Beds Apart  |                |                 |               |              |  |
| Shipping Address for Documents   |                          |                          |   |                |                 |               |              |  |
| City   | State / P                | State / Province         |   |                | Zip/Postal Code |               |              |  |
| To be considered for a FAM pl Personal business card Agency IATAN or CLIA pers | sonnel list with age     | ent name listed <u>C</u> | <u>DR</u> current personal IAT                        | 「A/CLIA card v | vith pictur     | e.            | epted.       |  |
| <ul> <li>Completed Travel Advisor</li> </ul>                                   | FAM Application (        | (all pages) please       | e note incomplete form                                | ns will not be | processed       |               |              |  |

Processed by: Date: Company Code: Booking#



## **FAM POLICIES:**

Europe and Vietnam: FAMs are offered 60 days prior to departure unless advertised as a Seminar on the River

or Advanced FAM date. All sailing dates are subject to availability.

Africa: FAMs not offered at this time.

## **ADDITIONAL TERMS:**

- FAM rates including upgrades are based on select sailings, number of days prior to embarkation and certificate courses taken with AmaWaterways. All Suite categories are excluded from FAM rates.
- To be eligible for FAM rate travel, the applicant must be a travel advisor/salesperson currently employed by, or associated with, a recognized travel agency. Proof of the aforementioned will be required.
- Travel advisor FAM rates apply to the travel advisor traveling with spouse, dependent or companion in the same stateroom. No
  third berth requests for FAM rate travel will be accepted.
- Port charges, gratuities, transfers, land packages, airfare and incidentals are at additional cost to traveler. Canadian rates include port fees.
- Maximum of 1 stateroom per travel advisor, per year.
- To be eligible for a FAM rate, applicant must be a travel advisor/salesperson currently employed by, or associated with a recognized travel agency. Proof may be required upon booking confirmation.
- FAM stateroom applies to the travel advisor and one companion traveling in the same stateroom. Third berth FAM requests are not accepted at this time.
- FAM bookings are not eligible to receive Privilege Club Rewards or onboard booking discounts.
- By FAM rate space, travel advisors acknowledge there are no complimentary upgrades offered, travel advisor may not ask for such onboard. Violation of this policy may block advisor from participating in future FAM opportunities.
- Travel Advisors are required to attend all safety briefings and Seminars At Sea or learning sessions onboard when offered.
- FAM bookings must be paid in full at time of booking and are *non-refundable*.

## Participation on an AmaWaterways FAM sailing is subject to AmaWaterways' Travel Industry Partner Code of Conduct, as follows:

AmaWaterways truly values travel advisors as partners and friends in the industry who have contributed to our success. In appreciation of this support, we are always pleased to welcome you onboard so that you may experience first-hand AmaWaterways' award winning cruises, hospitality, commitment to exceptional service and the very best in River Cruising.

As a condition of cruising with us, we greatly appreciate that travel advisors follow our Travel Advisor Code of Conduct. This policy is not intended to be all inclusive however, should serve as a general guideline to help ensure all guests, including those from the industry are able to enjoy their experience while traveling with AmaWaterways.

During the entire portion of your trip with AmaWaterways, travel advisors and their guests may not:

- Disclose FAM rates paid to AmaWaterways in any capacity.
- Advertise or solicit your professional travel services.
- Engage in any inappropriate, illegal or disruptive behavior, including verbal or physical abuse, solicitation, harassment, vandalism, theft, violence, use of false identification, possession of illegal substances, or failure to follow security instructions.

AmaWaterways thanks you for your cooperation to this code. Like you, our goal is to add value to the lives of the people we interact with by treating them with dignity and respect. We appreciate your support and look forward to welcoming you onboard soon.

Authorized Signature Date

I agree to the terms & policies in this document and agree that all information provide herein is accurate. I recognize that if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or denied.

Company Code:

Do not write below this line – internal use only.

Processed by:

Date:

Booking#