Corporate Travel USA
CST#2000881-10

TRIPPIN' WITH TECLA RESERVATION FORM

*Mail or **fax** this form along with your payment to:*

Betty Bennett
700 E Redlands Blvd, # U-295, Redlands, CA 92373
For more information call 909.556.5004 or email bettybb@usa.net ***FAX:909.792.9205***

I wish to purchase in cabin category: (check one below) *My Roommate will be:* _____

Deluxe Package ***May 16 – 25, 2008*** ***•Cabins are reserved on a first come basis.*** ***•Prices based on Double Occupancy***

- ☐ *Ocean View Balcony $3099.00 per person*
- ☐ *Deluxe Ocean View Cabin* $2899.00 per person*
- ☐ *Deluxe Outside Partial View Cabin $2690.00 per person*
- ☐ *Deluxe Inside Cabin 2490.00 per person*

Grand Package *(Limited Supply)* *$7200 Inc Tax*

☐ *Includes: Deluxe Package with Ocean View Cabin *
Ellegante 2 Sewing machine ,by Baby Lock
Nancy Zieman Bonus Pak, plus 19" Flat Panel TV

Cruise Only

☐ *Deduct $1000.00 from Deluxe Package (Port charges, taxes, gov't fees are included. Does not include Air Fare)*

Sign up as soon as possible - Prices are Subject to change

Prices do not include: *►Travel Insurance (call for quote)* ***Strongly Recommended*** *►Parking* *►Other personal expenses/charges* *►Shipboard gratuities*

While on the cruise, will you celebrate a birthday?_____ or other special occasion?_____Date_____

Do you have any special dietary requirements? Y / N *(Please specify):* _____

Are you physically challenged? Y / N *(Please specify):* _____

Have you sailed with Holland America Line before?. Y / N *Do you know your Marine number ? Y / N Mariner#*

Official Passport is required for this cruise – No Exceptions ***If you do not currently have a passport please apply ASAP***

Passport Name: _____ *Passport #:* _____

Birth Date: _____ *Age (at time of cruise)* _____ *Passport Expiration:* _____

Your Address: _____ *City:* _____ *State:* _____ Zip: _____

Telephone Number: _____ *Other Telephone Number:* _____

MY DEPOSIT in the amount of *$400.00* *is to secure reservations for one (1) person*

(deposit is refundable less a $50.00 Administration Fee up through 02/10/2008)

Make checks payable to Corporate Travel USA

Payment Info: Check: _____ *Amount:* _____ *Check written by:* _____

Credit Card Type: _____ *Card Number:* _____ S Code: _____

Exp Date: _____ *Name on Card:* _____
(Please print)

Billing Address: (if different than above) _____

•Corporate Travel USA has my permission to charge my cruise and any other charges I authorize to my credit card.

X Signature: _____ *Date:* _____

(Your charge receipt and/or billing statement will read either Holland America Cruise Lines or Corporate Travel & Gift)

Insurance: Your registration form can not be processed unless the following section has been completed AND SIGNED. Please EITHER indicate that you are purchasing the insurance or SIGN that you are declining. Please initial your choice.

_____ *I am purchasing trip cancellation/travel accident insurance from Travel insured International.*

_____ *I have been offered insurance to protect my travel investment and I am declining the purchase of this insurance. I, the undersigned, will not hold Travel insured international or its agents responsible for any losses or expenses incurred by me resulting from cancellation of my trip, accident, sickness, stolen or damaged baggage, any default of the cruise line, or resulting from any other travel supplier-related problem.*

X Signed: *Date:* _____