

Caribbean Nursing ~~Continuing~~ Education Cruise

April 22-29, 2012

CRUISE BOOKING FORM

Please complete one form
for each passenger

Name: _____
(Full Legal Name)

Birth Date: _____ (mo/day/year) - County _____

Address: _____

City, State, Zip: _____
(Address for billing of final payment)

Daytime Phone: _____ Evening Phone: _____

Email address: _____

Passport number: _____ Expiration date: _____
(Passport will be required for travel)

Emergency Contact: _____ Phone Number: _____

Cabin-mate: _____

Special Needs: _____

Cabin Selection: (All selections and pricing are per person. Cabin prices are based on double occupancy)

Cabin selection type (4B,6B,8B)

Category 4B Inside Cabin	\$855.00 per person based on double occupancy	_____
Category 6B Ocean View Cabin	\$965.00 per person based on double occupancy	_____
Category 8B Ocean View Balcony	\$1125.00 per person based on double occupancy	_____

All Prices are Per-Person & include 7-night cruise, port charge, taxes, and conference registration fee and materials

Prices do not include gratuities, shore excursions, airfare from your city of origin, items of a personal nature, alcohol, soft drinks, and ship to shore phone calls or government surcharges and/or airline surcharges imposed on future dates

**A \$250.00 per person (non-refundable) deposit is due upon booking to secure your cabin.
The final payment is due January 20, 2012**

Once deposit has been made, payments can be made at any time up to January 20, 2012

Onboard Educational Sessions

- I **WILL** be attending the onboard educational sessions
- I will **NOT** be attending the onboard educational sessions

NOTE: If you will not be attending the Nursing Educational Sessions, deduct \$75 from the total cruise price.

If you wish to upgrade cabin choices or **air fare information** please call Teresa Grace at 1-800-727-1960 or 1-501-376-4171.

Payment

Payment by Credit Card **LINK TO PAGE #3**

- I wish to pay my initial deposit by credit card
-

Payment by Mail **LINK TO PAGE #4**

- I wish to pay my initial deposit by check.

**Nursing Education Cruise
April 22-29, 2012**

Print this form, complete the information requested and mail or fax to Poe Travel.

All deposits are per person and are non-refundable

Credit Card Payment Form

Name: _____
(Print as listed on registration form)

Name: _____
(Print name as it appears on credit card if not same as above)

CC#: _____ exp. Date: _____
CID # _____

Deposit:

Amount to charge \$250 x (_____) = (_____)
number of travelers Total deposit

Signature _____

(I authorize Poe Travel to charge the total deposit above to this cc#)

Upon receipt of deposit Poe Travel will mail (email) an invoice reconfirming total cruise cost including a cruise payment schedule.

Note: Registration is not confirmed until the non refundable deposit of \$250 per person is processed on your credit card. Poe Travel will process the second deposit and final balance to your credit card unless otherwise notified.

In order to confirm your reservation, we must have the following in our office:

- Cruise Deposit of \$250.00 per person (non-refundable)
- Completed registration form
- Accept or Decline travel insurance form

POE TRAVEL
915 Cumberland
Little Rock, AR 72202
ATTN: Teresa Grace
Phone: 1-800-727-1960 or 1-501-376-4171
Fax: 1-501-377-7501

**Nursing Education Cruise
April 22-29, 2012**

Payment by check form

Print this form, complete the information requested
and mail along with cruise deposit to Poe Travel

All deposits are per person and are non-

Name: _____
(Print as listed on registration form)

Deposit amount \$250.00 x (_____) = (_____)
number of travelers Total deposit

I have enclosed a check for the total deposit

Poe Travel will mail (email) a receipt for proof of payment after check is processed reconfirming total cruise cost, including a cruise payment schedule.

In order to confirm your reservation, we must have the following in our office:

- Cruise Deposit of \$250.00 per person (non-refundable)**
- Completed registration form**
- Accept or Decline travel insurance form**

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