

Cruise Line/Ship: Celebrity Cruises Infinity  
Itinerary: 7-Night Hubbard Glacier  
Departing Friday, August 7, 2009

**CRUISE RESERVATION FORM**

**FIRST PASSENGER:** Mr. ( ) Mrs. ( ) Ms. ( ) \_\_\_\_\_  
Please print name exactly as it appears on passport

Date of Birth: \_\_\_\_\_ Past Passenger Member No. (if applicable): \_\_\_\_\_

**SECOND PASSENGER:** Mr. ( ) Mrs. ( ) Ms. ( ) \_\_\_\_\_  
Please print name exactly as it appears on passport

Date of Birth: \_\_\_\_\_ Past Passenger Member No. (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Passenger Gateway (Please list closest airport): \_\_\_\_\_

**CABIN ACCOMMODATIONS/DINING ARRANGEMENTS**

Please reserve the following cabin accommodations:

- ( ) Category CC/Concierge Class w/Veranda
- ( ) Category 2C/Delux Oceanview w/Veranda
- ( ) Category 7/Oceanview
- ( ) Category 12/Inside

My dining preference is: ( ) Early Seating/6:30 p.m. ( ) Late Seating/8:30 p.m.

Please arrange my cabin accommodations in: ( ) Twin Configuration ( ) Queen Configuration

**Note: Accommodations will be reserved on a first-come, first-served basis. Pricing and accommodations are not guaranteed until full deposit is made.**

**AIR/HOTEL ARRANGEMENTS**

- ( ) I am interested in purchasing the round-trip air option available through Celebrity Cruises Air Department. Please contact me with pricing and further information.
- ( ) I am interested in purchasing a hotel package and/or ground transportation through Celebrity Cruises. Please contact me with pricing and further information.
- ( ) I will be making my own pre- and post-cruise travel arrangements.

**STITCHING CLASSES**

*Stitching classes will be conducted on Saturday, August 8 on the first "Day at Sea" from 9:00 a.m. to 12:00 p.m. and 1:00 p.m. to 4:00 p.m.*

Please indicate how many people on this reservation will be joining the classes. \_\_\_\_\_

Please indicate how many people on this reservation will be cruise only. \_\_\_\_\_

**TRAVEL INSURANCE**

*For your protection and to insure the full benefits of your trip planning, vacation insurance is available to you for Trip Cancellation, Trip Interruption and Trip Delay, Accident & Sickness, Medical Expenses, Emergency Medical Evacuation, Baggage and Baggage Delay and more.*

**TravelSafe Vacation Insurance**

( ) I wish to purchase TravelSafe Vacation at the following cost:

<u>Total Cost of Trip</u>	<u>Up to Age 35</u>	<u>Age 36-50</u>	<u>Age 51-62</u>	<u>Age 63-72</u>	<u>Age 73-79</u>	<u>Age 80 &amp; Over</u>
\$1,001-\$1,500	\$45	\$56	\$85	\$113	\$158	\$188
\$1,501-\$2,000	\$62	\$79	\$118	\$158	\$215	\$258
\$2,001-\$2,500	\$79	\$102	\$152	\$203	\$271	\$328

*Please add a \$6.00 enrollment processing fee per person or per couple if using the same credit card.*

( ) I am not interested in travel insurance and acknowledge that I have been offered but choose to decline coverage.

**SPECIAL NEEDS OR REQUESTS**

*To better serve you, please provide details of any medical conditions, dietary restrictions or mobility access requirements or needs you may have.*

**PAYMENT INFORMATION**

Initial deposit of **\$500 per cabin** due at time of booking. Final payment is due on **May 29, 2009**. Deposits are fully refundable prior to final payment date. Travel insurance is recommended and should be purchased at the time of initial deposit. **PLEASE NOTE THAT INSURANCE IS NON-REFUNDABLE.**

Please charge my credit card: ( ) Visa ( ) MasterCard ( ) American Express ( ) Discover

Credit Card No: \_\_\_\_\_ Security Code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**PLEASE RETURN COMPLETED RESERVATION FORM TO:**

**Roberta Fenska  
Cruise Planners  
17 Patriot Court  
Sicklerville, NJ 08081  
866-872-6294 (Toll-Free)  
856-435-1509 (Fax)  
[rfenska@comcast.net](mailto:rfenska@comcast.net)**