

2009 GRAND MEDITERRANEAN CRUISE TOUR APPLICATION

PLEASE MAIL YOUR APPLICATION AND PAYMENTS TO: PARADISE VACATION AND TRAVEL CO., INC.
5725 MISTY HILL COVE, AUSTIN, TEXAS 78759 PHONE (512) 418-0290 - FAX (512) 418-0573
E-MAIL: PARADISE@AUSTIN.RR.COM with any questions or requests.

A \$750 per person DEPOSIT IS REQUIRED WITH THIS APPLICATION

- I ELECT TO MAKE ALL PAYMENTS BY CHECK AND RECEIVE A 3% DISCOUNT (applied to final payment)*
 I ELECT TO MAKE ALL PAYMENTS BY CREDIT CARD

NAME ON THE CREDIT CARD: _____ SIGNATURE OF OWNER: _____

CREDIT CARD NUMBER _____ EXPIRATION DATE _____ SECURITY CODE _____

- I WISH TO MAKE EQUAL MONTHLY PAYMENTS OF MY BALANCE DUE THROUGH JUNE 30, 2009
 I WISH TO MAKE 4 PAYMENTS OF MY BALANCE DUE BETWEEN NOW AND JUNE 30, 2009
 PAYING IN FULL

FULL LEGAL NAMES AS THEY APPEAR ON YOUR PASSPORTS. ARE YOU U.S. CITIZENS? YES _____ NO _____

(1) _____ M _____ F _____ DATE OF BIRTH: _____

(2) _____ M _____ F _____ DATE OF BIRTH: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE # _____ WORK PHONE # _____ EMAIL: _____

EMERGENCY CONTACT NAME: _____ PHONE # _____

Paradise Vacation and Travel Co., Inc. is an agent only for its principals, the airlines, hotels, cruise operators, tour operators, motor coach operators and other suppliers of travel arrangements, accommodations, and entertainment services throughout the world, and, as an agent, is not and can not be held liable for any negligence or wrongful acts, errors, or omissions on the part of any such supplier of travel arrangements, accommodations, or services which may result in any Death, Damage, Loss, Injury, Delay or Inconvenience to you. Your purchase and retention of airline and/or cruise tickets or other travel documents from Paradise Vacation and Travel Co., Inc. or the use of reservations for travel accommodations procured from this agency constitutes an acknowledgement of and consent to the forgoing limitation of liability.

CHECK:

- INSIDE CABIN @ \$3,600 PER PERSON or @ \$3,492 PER PERSON (3% CHECK DISCOUNT) *
 INSIDE CABIN SINGLE OCCUPANCY @ \$5,000 or @ \$4,850 (3% CHECK DISCOUNT)*
 BALCONY CABIN @ \$4,425 PER PERSON or @ \$4,292 PER PERSON (3% CHECK DISCOUNT)*
 BALCONY CABIN SINGLE OCCUPANCY @ \$6,625 or @ \$6,425 (3% CHECK DISCOUNT)*

I/WE WILL APPLY FOR TRAVEL INSURANCE PROTECTION I/WE DECLINE TRAVEL INSURANCE

ARE THERE ANY SPECIAL MEDICAL CONDITIONS, OR DIETARY NEEDS WE SHOULD BE MADE AWARE OF?
PLEASE LIST: _____

SIGNATURE: _____ DATE: _____

Signature authorizes Paradise Vacation and Travel Co., Inc. to process credit card charges for all amounts when due. Additionally, by your signature above you agree that you understand the terms and conditions for notification in writing of any changes and or cancellations/penalties as well as your responsibility to have the proper travel documents and punctuality for flights and scheduled sailings.

GRAND MEDITERRANEAN CRUISE TOUR
OCTOBER 12 to OCTOBER 27, 2009

PRE DEPARTURE REQUIRED INFORMATION
[WE MUST HAVE THIS INFORMATION BEFORE JUNE 30, 2009]

Please mail or Fax (512) 418-0573 to Paradise Vacation and Travel Co. as soon as possible:

EXACT NAME AS IT APPEARS ON YOUR PASSPORT:

COUNTRY OF CITIZENSHIP: _____ **COUNTRY OF RESIDENCE:** _____

GENDER: _____ **DATE OF BIRTH:** _____ **HOME PHONE:** _____

EMERGENCY CONTACT FIRST AND LAST NAME: _____

CONTACT RELATIONSHIP: _____ **PHONE NUMBER:** _____

PERMANENT HOME ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

CITIZENSHIP INFORMATION:

PASSPORT NUMBER: _____

COUNRTY OF ISSUANCE: _____ **CITY OF ISSUANCE:** _____

EXPIRATION DATE: _____ **ISSUANCE DATE:** _____

HAVE YOU SAILED ON CARNIVAL CRUISE LINES BEFORE ? _____