



SCRUPLES®



Hairdressers' Educational Fun Cruise

Carnival Destiny

November 11th – 15th, 2010

Cruise Itinerary

Day	Port of Call	Arrival Time	Depart Time
Thurs.	Miami, FL		4:00 p.m.
Fri.	Key West, FL	7:30 a.m.	2:00 p.m.
Sat.	Cozumel, Mexico	1:00 p.m.	10:00 p.m.
Sun.	Fun Day at Sea		
Mon.	Miami, FL	8:00 a.m.	

Passports are required for this cruise.

Cabin Type and Price

Cabin cost per person based on double occupancy (price higher for single occupancy).

- Inside: \$479.19
- Outside: \$529.19
- Balcony: \$579.19
- Suite: \$919.19

Cabin choice is on a first come, first served basis.
Cruise is available until group reservation is booked in full.

Price includes cabin, cabin gratuities, meals, port fees, and all Scruples events and classes. All prices are USD. Fifty percent of the total cabin cost is due at signing and the remainder is due by Aug. 1, 2010.

Cruise Care Travel Insurance is not included and is \$49 per person for all categories except suites which are \$95 (optional).

Transfers to and from Miami or Fort Lauderdale Airport can be purchased. Cost of transfer from Miami Airport to Port of Miami is \$32 roundtrip, \$16 one way. Cost of transfer from Fort Lauderdale airport to Port of Miami is \$60 roundtrip, \$30 one way.

Airfare to Miami is not included or held. Airfare is booked on an individual basis. Please be sure to purchase flights appropriately in order to arrive at the **Miami Cruise Port no later than 2:00 p.m.** Flights should depart from Miami around 12:00 p.m. and from Fort Lauderdale around 1:00 p.m.

Airfare may be purchased through Performance Travel or your preferred source.

Performance Travel – Shirley Sauber

315 Pine Street, Farmington, MN 55024

Phone: 651.463.2404 Fax: 651.463.2833

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Please fax completed form to 651.463.2833 or e-mail to ssauber@charterinternet.com.

IMPORTANT NOTE: Name on this document must be legal name as it appears on passport.

TRAVELER (1) (Please print clearly)	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Last name	First name (legal name)	Middle	Date of birth
TRAVELER (2)	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.				
ADDRESS	Street address		City/state		Zip code
TELEPHONE	Home		Business		
	Fax		Mobile		
E-MAIL ADDRESS				Distributor name	
				Sales person name	
EMERGENCY CONTACT	Name		Phone		
AIRPORT INFORMATION	<i>Please complete the box below if you want Performance Travel to arrange your air transportation.</i>				
	Enter the name and city of the airport you prefer to depart from.				
	Airport: _____ City: _____				
	List other airports you are willing to depart from: _____				
SEATING	Preferred dates of travel: _____				
	Time of day: _____				
FREQUENT FLYER INFORMATION	<input type="checkbox"/> Window <input type="checkbox"/> Aisle (Seat request not guaranteed)				
FREQUENT FLYER INFORMATION	Airline and frequent flyer number (Traveler 1)		Airline and frequent flyer number (Traveler 2)		
INSURANCE	Do you want traveler's insurance? Yes _____ No _____				

Sign here verifying that the above information is correct:

Please complete form in its entirety to ensure proper registration.

Travel questions? Call Shirley Sauber at 651.463.2404.

Credit Card Authorization Form

I, _____, give Performance Travel permission to charge my credit card.
Cardholder's name

Credit card number: _____

Security code: _____ Expiration date: _____

Booking number: _____ Total amount: _____

Cardholder's billing information:

Name

Street address

City, state, zip code

Dates of travel: _____ Destination: _____

Passenger names: _____

I have read the cancel/change penalties outline for this travel package and understand fees may be charged for any changes or cancellations.

I have purchased travel insurance: Yes _____ No _____

Cardholder's signature