



DEAF CRUISE

ADVENTURE
FROM

AUSTRALIA TO NEW ZEALAND

December 11, 2009



AUCKLAND, NEW ZEALAND

SYDNEY, AUSTRALIA



A 12-night cruise from Sydney, Australia to Auckland, New Zealand with a full transit across Pacific Ocean on board Diamond Princess cruise.

For more Information:

<http://www.deafcruise.com/australia>

Contact Information:

Deaf Cruise

14700 N. FLW Blvd. Ste. #157, PMB #379

Scottsdale, AZ 85260

FAX: 480.657.0744

VP: 480.555.1212

Special!!!

Security Deposit is reduced to
\$100 per individual at limited time.

Australia & New Zealand



2009

Reservation Deposit Form

Yes, I am very interested in Deaf Cruise Australia & New Zealand 2009 including cruise on December 11, 2009 for 12 days. The deposit \$100.00 per person based on double occupancy (\$200.00 for two) is enclosed to reserve the room(s) on Diamond Princess by filling out this deposit form:

General Information: (PLEASE PRINT CLEARLY)

Name 1:	<input type="text" value="FIRST"/>	<input type="text" value="LAST"/>	DOB:	<input type="text" value="MONTH"/>	/	<input type="text" value="DAY"/>	/	<input type="text" value="YEAR"/>
Passport No:	<input type="text"/>						Expiration Date:	<input type="text"/>
Name 2:	<input type="text" value="FIRST"/>	<input type="text" value="LAST"/>	DOB:	<input type="text" value="MONTH"/>	/	<input type="text" value="DAY"/>	/	<input type="text" value="YEAR"/>
Passport No:	<input type="text"/>						Expiration Date:	<input type="text"/>
Name 3:	<input type="text" value="FIRST"/>	<input type="text" value="LAST"/>	DOB:	<input type="text" value="MONTH"/>	/	<input type="text" value="DAY"/>	/	<input type="text" value="YEAR"/>
Passport No:	<input type="text"/>						Expiration Date:	<input type="text"/>
Name 4:	<input type="text" value="FIRST"/>	<input type="text" value="LAST"/>	DOB:	<input type="text" value="MONTH"/>	/	<input type="text" value="DAY"/>	/	<input type="text" value="YEAR"/>
Passport No:	<input type="text"/>						Expiration Date:	<input type="text"/>

Address:	<input type="text"/>
City:	<input type="text"/>
State:	<input type="text"/>
Zip Code:	<input type="text"/>
Country:	<input type="text"/>
Phone/VP:	<input type="text"/>
Fax:	<input type="text"/>
Email:	<input type="text"/>

Price Rates:	
Interior:.....	\$ 1,799.00
OceanView:.....	\$ 2,100.00
Balcony:.....	\$ 2,500.00
Mini-Suite:.....	\$ 2,999.00
Suite:.....	\$ 4,945.00
*All prices are subject to change without notice.	

Room:

- Interior (No Window)
- OceanView (Window)
- Balcony
- Mini-Suite
- Suite

Insurance (optional):

<input type="radio"/> Yes	<input type="radio"/> No (decline)	Your Initial: <input type="text"/>
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Bed Type:

- Two (2) Twins
- One (1) Queen

Australia & New Zealand



2009

Payment Method:

Credit Card Information

Billing Info:

Full Name:

Address:

City:

State/Province:

Zip Code:

Country:

Visa Mastercard American Express Discover

CC #: - - - Exp Date: /

CVS #: (last three digitals are on back of your credit card, American Express is usually in front)

I hereby authorize DeafCruise.com, LLC to charge \$100 per person of deposit including optional insurance.

Signature: _____

Date: _____

Other Payment Options:

Mail to:

Deaf Cruise
14700 N. FLW Blvd. Ste. #157, PMB #379
Scottsdale, AZ 85260

FAX: 480.657.0744

VP: 480.555.1212

URL: <http://www.DeafCruise.com>

Check, Money Order, or Cashier Check is permitted.

Please make a payment to **Deaf Cruise.**

Notice: Returning check is subject to \$25.00 fee.

Questions? sales@deafcruise.com

Cancellation Policy:

Passengers who cancel after that date for any reason, including medical or family reasons, are subject to the following per-person cancellation fees:

75 days or more: None

74 - 57 days: Brochure Deposit Amounts

56 - 29 days: 50% of Total Charges

28 - 15 days: 75% of Total Charges

within 14 days: 100% of Total Charges

Office Use Only

Deposit Amount Paid: _____ Date: _____ Insurance Sent: ___ Yes ___ No - \$ _____

Cabin #: _____ Person #: _____ Date Booked: _____