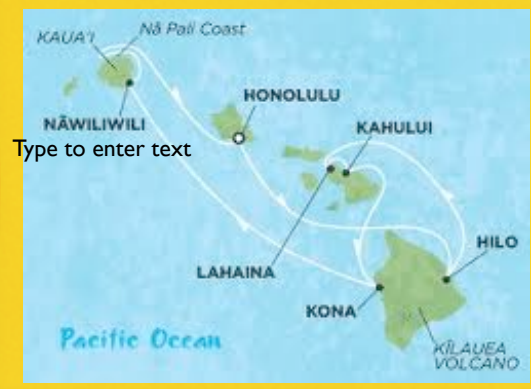




## DEAF CRUISE HAWAII 2012



Pride of America



For more information:  
Call 877-512-3517 or  
email: [customer@deafcruise.com](mailto:customer@deafcruise.com)

Aloha! Come aboard for the best way to hop the Hawaii Islands. From the moment, you step into Atrium, with its Tiffany-glass dome and grand staircase, you'll know this is a spectacular cruise ship. This is in style of paradise, with 14 restaurants and 9 bars and lounges, excellent family accommodations, spacious suites and lots of balconies - perfect for whale watching, witness Kilauea Volcano or taking in the dramatic view of the Napali Coast.



## DEAF CRUISE™ Hawaii 2012 - Reservation Form

Yes, I want to go on Hawaii cruise for 7 days starting April 21st 2011. The initial deposit before deadline shall be \$250 per person or if past the deadline, I am paying in full. I understand that this requires a minimum of double (two) occupancies per room\* on Pride of America. Below, I am filling out the form and enclosure my payments(s) accordingly with the reserved room(s)

### General Information: (PLEASE PRINT CLEARLY)

**Passport Required.**

Name 1:	<input type="text" value="FIRST"/> <input type="text" value="LAST"/>	Name 3:	<input type="text" value="FIRST"/> <input type="text" value="LAST"/>
DOB:	<input type="text" value="MONTH / DAY / YEAR"/>	DOB:	<input type="text" value="MONTH / DAY / YEAR"/>
Name 2:	<input type="text" value="FIRST"/> <input type="text" value="LAST"/>	Name 4:	<input type="text" value="FIRST"/> <input type="text" value="LAST"/>
DOB:	<input type="text" value="MONTH / DAY / YEAR"/>	DOB:	<input type="text" value="MONTH / DAY / YEAR"/>

Address:

City:

State:

Zip Code:

Country:

Phone|  
VP

Fax:

Email:

#### Price Rates: Check One:

Interior .....\$1,139.00 ( )  
 OceanView.....\$1,229.00 ( )  
 Balcony:.....\$1,709.00 ( )  
 Suite.....\$2,549.00 ( )

3rd and 4th guest fares: Interior & OceanView \$499, Balcony \$599, mini-suite or up \$699.00 p/p.

All price are subject to change without notice. Government taxes/fees, and cruise tips per person are additional. Room is subject to availability.

Suggest you to include insurance for your protection.  
**Insurance: Yes or No** (Initial) \_\_\_\_

**Bed Type:** Twin (2) \_\_\_\_ Queen (1) \_\_\_\_

<input type="checkbox"/> Pre-cruise	<input type="checkbox"/> Air	<b>Office Use Only</b>	<input type="checkbox"/> DCI #
<input type="checkbox"/> Post-cruise	<input type="checkbox"/> Transportation	<input type="checkbox"/> Hotel	<input type="checkbox"/> Booking #



# DEAF CRUISE™ Hawaii 2012

Reservation Form - Week - April 21-26  
(Final Payment Due: January 15th 2012)

## Credit Card Billing Information:

**Passport Required.**

Full Name:

Address:

City:

State/  
Province:

Zip Code:

Country:

### 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 Amount  
56-29 days: 50% of Total Charges  
28-15 days: 75% of Total Charges  
Within 14 days: 100% of Total Charges

**Payment Method** (Circle One) **Visa/MC** **Amex** **Discovery** **Check/Cashier**

CC #:     Exp Date:

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

I hereby authorize Deaf Cruise to charge 20% of deposit based on total fare including optional insurance.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please make a payment to **Deaf Cruise**.  
Returning check is subject to \$25.00 fee.

Mail to:  
Deaf Cruise  
14700 N. FLW Blvd #157, PMB #379  
Scottsdale, AZ 85260

For more information:

Call: 877.512.3517

Fax: 480.657.0744

Email: [customer@deafcruise.com](mailto:customer@deafcruise.com)