

Landon Winery Wine Cruise
 November 9 – 14, 2009
 Carnival Ecstasy (Port of Galveston Texas)

****One form per person needed** PLEASE PRINT**

Full Legal Name: Mr./Mrs./Ms: _____

Name you go by: _____ DOB: _____ Age: _____ Email: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Phone: (H): _____ (Cell): _____ Text Messages? Yes _____ No _____

Rooming with: _____ 2nd _____ 3rd _____

Cabin Category (Circle Desired Cabin)

<i>Inside Cabin – w/o window</i>	<i>Outside Cabin – with window</i>	<i>Balcony</i>	<i>Balcony Suite</i>
4B - \$540.00 (1and 2 Passenger)	6B – 590.00 (1and 2 Passenger)	11 – 1020.00 (1and 2 Passenger)	12 – 1220.00 (1and 2 Passenger)
4B – 300.00 (3 and 4 Passenger)	6B – 320.00 (3 and 4 Passenger)	11 – 390.00 (3 and 4 Passenger)	12 – 390.00 (3 and 4 Passenger)

Space is limited in each category. First come, first served. Price includes port charges, taxes and gratuities.

****Any passengers under the age of 21, must be in a cabin with someone who is 25 years or older.**

Terms and Conditions: I acknowledge that I have read this registration from completely and the information that I provided is accurate. The initial deposit is non-refundable after first due date. Name changes are allowed and are subject to a fee depending on the change date. I understand that if my roommate cancels, my cabin rate will change and I will be responsible to find another roommate or cover the entire cost of the cabin. What's Your Destination? and Carnival Cruise Lines, reserve the right to cancel any guest who fails to comply with payment schedule and the cancellation fee will be charged according to the cancellation policy. A late fee will be accessed to any account owing a balance after the final payment date. A valid Passport may be required to travel.

Your Initials _____ indicate that you have read and accepted the terms and conditions. (THIS IS REQUIRED TO REGISTER)

DUE DATES: Initial Deposit of \$50.00 due by April 2, 2008 (Non-Refundable)

1st Payment - \$100.00 Due by: June 1, 2009 25% Cancellation fee incurred from this date forward.

2nd Payment - \$100.00 Due by: July 15, 2009 50% Cancellation fee incurred from this date forward.

FINAL PAYMENT DUE: Due by: September 1, 2009 NO REFUNDS AFTER THIS DATE.

IMPORTANT** ALL PAYMENTS MUST BE RECEIVED BY WHAT'S YOUR DESTINATION? ON OR BEFORE THE DUE DATE. **

Payment Method: (Check all that apply)

- I will use check, money order or cashier's check
- Charge all payments to my credit card on posted due date (this will be done automatic)
- Charge my credit card for full payment
- My payment will be made on someone else's card
- Charge my card for myself and the following

 _____ DOB _____
 _____ DOB _____
 _____ DOB _____

Card Holder Name: _____

Card Number: _____

CVS Code: _____ Exp: _____

Billing Address for card: _____

City, State, Zip: _____

Travel Insurance (Call for quote)

I'm interested in purchasing insurance. Yes ___ No ___

(Insurance must be paid in full at time of deposit)

I choose to decline insurance _____ (Please Intitial)

I authorize Carnival and or/or What's Your Destination? to charge my card for myself and all others listed.

Signature: _____ Date: _____

Please send all checks, money orders or cashier's checks to the Travel Agency address listed below. *A \$25.00 fee will be applied to your bill for all returned checks.*

Please FAX this form to 877-296-9907 or email to traci@whatsyourdestination.com