

7-Day Port Canaveral & Bahamas Cruise

December 9-16, 2012

	Date	Port of Calls	Arrive	Depart
Sunday	Dec 9	Baltimore, MD		4:30 PM
Monday	Dec 10	Fun Day at Sea		
Tuesday	Dec 11	Fun Day at Sea		
Wednesday	Dec 12	Port Canaveral (Orlando) FL	7:00 AM	7:00 PM
Thursday	Dec 13	Nassau, The Bahamas	11:00 AM	10:00 PM
Friday	Dec 14	Freeport, The Bahamas	7:00 AM	2:00 PM
Saturday	Dec 15	Fun Day at Sea		
Sunday	Dec 16	Baltimore, MD	9:00 AM	

PAYMENT PLAN

A deposit of **\$50.00** per person due by **April 20, 2012**
Second Deposit of \$250.00 per person due by July 6, 2012
Final Payment due September 14, 2012

Monthly payments are accepted

Options:

Insurance through Carnival:

Category 4B: \$65.00 per person

Category 8B: \$79.00 per person

Prepaid Gratuities: \$70.00 per person

Travel Guard Insurance can also be purchased through your travel agency

**Note: Carnival Cruise Lines has the right to impose a fuel supplement charge at any time.*

Please Note:

*All Payments can be made by Money Order/Checks payable to: **A&T Travel Consultants, LLC, 4314 John Street, Suitland, MD 20746**– Please submit reservation form with deposit.

* Payments can also be made by MasterCard, Visa, American Express, and Discover

*Airfare not included

NOTE: WE ARE LIMITING ADVERTISING BASED ON THE NUMBER OF RESERVED CABINS WHICH WILL BE DONE ON A FIRST COME FIRST SERVE BASIS BY PAYING THE REQUIRED DEPOSIT IN THE AMOUNT OF \$50.00 PER PERSON DUE APRIL 20, 2012!

PLEASE SUBMIT RESERVATION FORM WITH FIRST DEPOSIT

PRICE INCLUDES:

(cruise, all you can eat & (non-alcoholic) beverages, entertainment, port charges, taxes, administrative fee)

Inside Cabin (4B) - \$545.00

Balcony Cabin (8B) - \$685.00

(rates are per person based on double occupancy)

Ocean View Cabins require a full deposit of \$300 per person; full name and date of birth. Please call for rate and availability.



Carnival Pride
Departing Baltimore, MD

Contact:

Tara Falls
Tele: (301) 449-3390
Fax: (888) 550-8225

Sonja Chavis
(301) 420-4314
Fax: (202) 204-4853

Statement of Understanding and Liability Waiver (7-Day Port Canaveral (Orlando) & Bahamas Cruise —December 9-16, 2012)

I personally accept all responsibility for and liability for any cancellation, condition, accident or expense whether or not associated with or caused by any event or activity, scheduled or unscheduled that I may plan to engage in or engage while on activities provisioned for by A&T Travel Consultants, LLC, Except where indicated in the General Terms and Conditions of the Cruise Line or Tour Operator/Supplier. This includes cost of cancellations as a result of illness or accident or events whether or not they are in my direct control or the direct control of the cruise line, tour operator/supplier, air-carrier or provider of services. I also agree to abide by the terms and conditions provided to me by A&T Travel Consultants, LLC or any other provider of services. I understand that it is my responsibility to purchase or decline to purchase travel insurance for my purchased travel. Whether I choose to purchase or decline travel insurance, I understand that such insurance could provide protections for me for cancellations or unforeseen events that could jeopardize the completion of my activities. I further understand that there are inherent risks accepted when engaging in travel of any kind and whether or not I am insured, I accept those risks and accept responsibility for them.

A&T Travel Consultants, LLC offers travel insurance through Travel Guard and is available for passengers (quote provided upon request), and can be easily purchased directly through the Internet. I acknowledge that I have been adequately informed about the advantages of purchasing travel insurance for my trip. Vacation Protection Plan can also be purchased through the cruise lines. I agree to abide by the terms and condition provided to me by A&T Travel Consultants, LLC. I, the passenger, stipulate that A&T Travel Consultants, LLC or any contracted provider of services will not be liable for any damages or expenses resulting from my conduct, actions or consequences of my actions and that I accept absolute liability for such whether or not I have accepted or declined the purchase of travel insurance.

I agree that any dispute arising from any situation relating to my trip that is not covered or described above or in the Terms and Conditions set for by A&T Travel Consultants, LLC and/or the tour operators/suppliers and providers of services will be submitted for arbitration. I also understand my responsibility and by signing this form agree with the terms stated. Should I purchase travel insurance a copy of the policy shall be forwarded to A&T Travel Consultants, LLC

I authorize that A&T Travel Consultants, LLC to use the information that I have provided in this document to book, reserve or otherwise provide confirmation for my requested travel plans. I also authorize payment via credit card when given verbal direction by me without recording. I further state that I have read, agree to and will conduct myself within the terms and conditions as set forth by A&T Travel Consultants, LLC.

Important Terms & Conditions (1) Minimum Payment Schedule: Reservations require a non-refundable deposit of \$50.00 per person due by April 20, 2012, submitted with a completed "Passenger Registration Form" for each family head or each person who is financially responsible for payment. A second deposit of \$250.00 per person due by July 6, 2012. Final payment of all balances is due September 14, 2012. The Final Payment Due Date Is Most Critical And If Missed Could Result In Cancellation Of Your Reservation And Assessment Of Cancellation Penalties. **(2)** Each person is responsible for providing proper documentation required for travel outside of the United States. All U.S. citizens must have a passport. (If you need of a passport, you can also apply online through our website at www.atravelconsultants.com and click on "passport express"). Persons who are not U.S. citizens are personally responsible for securing the required documentation for travel outside of the U.S. and to the listed ports of call, in addition to re-entry into the U.S. **(3)** Should a person in your cabin cancel the price for all remaining passengers will be adjusted to reflect the remaining number of passengers. All cabins must have at least two people and it is the responsibility of each person to secure another cabin mate if their original partner cancels leaving them without a cabin mate. **(4)** Administrative Fee: A \$5.00 to \$15.00 administrative fee (per person) will be charged to all travel/cruise packages. **(5)** "No Shows" shall be treated as cancellations without giving company notice and all monies paid will be forfeited. **(6)** Deposit Policy: First initial deposits (\$50.00 per person) are non-refundable on all travel/cruise packages. Single Rates are 200% of the cruise rate excluding port charges and taxes. **(7)** Cancellation guideline will apply for persons who must cancel due to the lost of a cabin mate. **(8) All cancellations, for any reason, will incur a \$25.00 per person processing charge PLUS additional cancellation charges based on the following cancellation schedule and may take up to four weeks to process. All cancellations must be received in writing: If A Cancellation Occurs The Following Fees Will Be Accessed:**

Days Prior To Departure Date	Cancellation Charge (Per Guest)
120 to 90 Days	\$200.00
89 to 60 Days	\$300.00
59 to 30 Days	\$450.00
29 Days or less	No Refund

- PLEASE KEEP IN MIND TOO, THAT IF AN INDIVIDUAL DOES CANCEL, THIS WILL ALSO ADVERSELY AFFECT THEIR CABIN MATE WHO MAY FIND IT VERY DIFFICULT TO FIND ANOTHER TRAVEL PARTNER.** When we make travel arrangements with other persons, we have actually made a commitment to them as well and should take into consideration how our backing out will affect them.

Reservation Form:

Full Name as it appears on your passport →					
Address/City/State/Zip			Email Address:		
Home Phone		Daytime Phone		Fax Number:	
Cabin Mates Full Name:					
Age	Date of Birth(required)	Gender Male Female	Passport Number	Issuing Company	Expires
In case of emergency notify:		Relationship	Address		Telephone
Special Needs/allergies to medication/special dietary requirements			Travel Insurance (please circle) Yes No		
	Inside Cabin (Category 4B)	\$545.00 per person	Method of Payment: ___ Check ___ Visa ___ AmEx ___ MC ___ Discover Card No. _____ Verification Code: _____ Exp Date: _____ Deposit Amt: _____ Signature of Cardholder: _____		
	Balcony Cabin (Category 8B)	\$685.00 per person			
	Prepaid Gratuities	\$70.00 per person			
	Vacation Protection (Category 4B)	\$65.00 per person			
	Vacation Protection (Category 8B)	\$79.00 per person			
		TOTAL CRUISE:			