



**Cruise FAM  
REGISTRATION FORM**

**PLEASE READ THE TERMS AND CONDITIONS BEFORE SUBMITTING  
YOUR REGISTRATION FORM.**

*Two For One CruiseCollege™ Certificates not redeemable on this CruiseFam*

**CRUISE FAM SAILING DATE AND ITINERARY INFORMATION:**

**Sail Date:** Saturday, March 6, 2009  
**Ship:** Costa Cruises - Costa "Atlantica"  
**Itinerary:** Fort Lauderdale, FL – Cayman Islands – Honduras, Mexico, Fort Lauderdale, FL

**CRUISEFAM RATES:**

Read Terms & Conditions for all rate details. All rates are based on Double Occupancy. **Please check your selection below:**

	Inside Cat I3	Please Check Box	Ocean View Cat E2	Please Check Box	Balcony Cat B4	Please Check Box
<b>GTI Agent:</b>	\$532.99*	<input type="checkbox"/>	\$582.99*	<input type="checkbox"/>	\$732.99*	<input type="checkbox"/>
<b>Companion:</b>	\$532.99*	<input type="checkbox"/>	\$582.99*	<input type="checkbox"/>	\$732.99*	<input type="checkbox"/>

**PAYMENT SCHEDULE AND INFORMATION:**

**\$250 deposit per person due at time of booking.  
The remaining balance is due on December 7, 2009.**

**CRUISEFAM TERMS AND CONDITIONS:**

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\*All cabin rates are per person, based on double occupancy, cruise only. Rates, dates, promotions and stateroom categories listed in this program are subject to change without notice and may not be available at the time of registration. These rates do not apply to singles or third/fourth berth passengers. Government taxes, fees, cruise line fuel supplement and GTI processing fees are included and are subject to change. Rates are based on availability; capacity controlled and may not be combined with other promotions or discounts. Included items are subject to change if deemed necessary by the host cruise line or GTI. Changes may include, but are not limited to, rates, itinerary, ship and/or training schedule. If changes are necessary, GTI or the cruise line will make every effort to maintain or improve the original program. Optional tours or events may be offered at an additional cost to participants. Other restrictions may apply. Not responsible for errors and omissions.



Please **PRINT** clearly!

	Passenger # 1 Minimum Age 21	Passenger # 2 Minimum Age 21
GTI Agent PIN		
Last Name – First Name		
Birth Date (MM/DD/YY)		
Legal Spelling of your name		
Passport Number		
Male or Female		
Email Address		
Daytime Phone		
Cell Phone		
Emergency Contact Name Phone Number		
Do you authorize GTI to charge the remaining balance to your credit card on December 7, 2009?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Credit Card Type	VISA <input type="checkbox"/> MC <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMEX <input type="checkbox"/>	VISA <input type="checkbox"/> MC <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMEX <input type="checkbox"/>
Credit Card #, Exp Date, CVV#		
Cardholder Signature		
Complete Billing Address:		

I have read and agree to abide by the FAM terms & Conditions:

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

**Fax completed and signed form to: 1-866-251-0977**

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