



MCEO Freedom TeachingsTM
AZURITE PRESS
MAYAN CRUISE

On Board The Norwegian Epic - October 16 – 23, 2010 - Reservation Form

Last Name	First name	Middle Name
Passport #	Date of Birth	
Date of Issue	Date of Expiration	
Address		
Daytime Tel#	Evening Tel #	E-Mail
Last Name	First name	Middle Name
Passport #	Date of Birth	
Date of Issue	Date of Expiration	
Address		
Daytime Tel#	Evening Tel #	E-Mail

- () Per Person Category KK (Inside Cabin Decks 9 & 10) in twin \$2,585.00
- () Per Person Category KK (Inside Cabin Decks 9 & 10) in triple \$2,495.00
- () Per Person Category KK (Inside Cabin Decks 9 & 10) single \$3,115.00
- () Per Person Category I (Inside Cabin Decks 12 & 13) in twin \$2,625.00
- () Per Person Category I (Inside Cabin Decks 12 & 13) in triple \$2,515.00
- () Per Person Category I (Inside Cabin Decks 12 & 13) single \$3,195.00
- () Per Person Category BC (Balcony Stateroom Deck 12) in twin \$2,945.00
- () Per Person Category BC (Balcony Stateroom Deck 12) in triple \$2,735.00
- () Per Person Category BC (Balcony Stateroom Deck 12) single \$3,835.00
- () Per Person Category SD (Spa Deluxe Balcony Deck 14) in twin \$3,555.00
- () Per Person Category SD (Spa Deluxe Balcony Deck 14) in triple \$3,135.00
- () Per Person Category SD (Spa Deluxe Balcony Deck 14) in single \$4,905.00

I wish to share accommodations with

In case of an emergency, notify	Relationship	Telephone #
---------------------------------	--------------	-------------

Mailing Address 2 Weeks Prior to Departure

- () Please try to arrange a roommate for me. If a roommate cannot be found, I agree to pay the single cost.
- () I am a smoker
- () I require a special diet (please include your dietary needs on a separate page)
- () I am a vegetarian but will eat () chicken () fish
- () I do not have any physical limitations that require special attention. Most situations can be accommodated but, we must know beforehand in order to make arrangements.

If payment is by check please mail your **non- refundable deposit** of \$500.00 to the address below.

Please charge my credit card \$500.00 per person for a **non-refundable deposit** for () people.

Final payment is due no later than July 15, 2010.

() Visa () MasterCard () Discover () American Express

Credit Card #	Exp. Date
---------------	-----------

3 Digit Pin #	(last 3 digits located on the back of your credit card on the magnetic strip)
---------------	---

Signature	Date
-----------	------



2470 North Jerusalem Road, Suite #15, North Bellmore, NY 11710
Tel 516-781-5556, Fax 516-781-5557, Toll Free 1 866-853-2711, info@learningthroughtravel.com

WWW.LEARNINGTHROUGHTRAVEL.COM