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Bargain Travel * PO Box 2017 * Massapequa, NY 11758-0001 * (516) 678-6060 Phone * (516) 678-6148 Fax

7 DAY WESTERN MEDITERRANEAN CRUISE aboard the "CELEBRITY APEX" AUGUST 08 to 15, 2020

R E S E R V A T I O N F O R M

FIRST DEPOSIT OF \$250 PER PERSON (PLUS AIRFARE, IF APPLICABLE) IS DUE AT THE TIME OF BOOKING. SECOND DEPOSIT OF \$500 PER PERSON IS DUE BY 12/09/19. FINAL PAYMENT (PLUS AIRFARE, IF APPLICABLE) IS DUE BY 04/06/20. ADDITIONAL PAYMENTS CAN BE MADE AT ANY TIME PRIOR TO FINAL PAYMENT. IF PAYING BY CHECK, PLEASE MAKE ALL CHECKS PAYABLE TO BARGAIN TRAVEL. YOUR FIRST DEPOSIT ALONG WITH THIS SIGNED RESERVATION FORM ACKNOWLEDGES ALL CANCELLATION TERMS. ALL PAYMENT SCHEDULES MUST BE STRICTLY FOLLOWED, AS THE CRUISE LINE WILL CANCEL THE ENTIRE GROUP IF PAYMENTS ARE NOT MADE ON TIME. PLEASE NOTE THE FOLLOWING CANCELLATION FEES WILL APPLY:

<u>IF YOU CANCEL:</u>	<u>YOU WILL RECEIVE (PER PERSON):</u>
151 DAYS OR LONGER BEFORE DEPARTURE.....	FULL REFUND LESS \$250.00 *
150 TO 136 DAYS BEFORE DEPARTURE.....	FULL REFUND LESS \$350.00 *
135 TO 115 DAYS BEFORE DEPARTURE.....	FULL REFUND LESS \$500.00 *
114 TO 91 DAYS BEFORE DEPARTURE.....	FULL REFUND LESS \$700.00 *
90 TO 76 DAYS BEFORE DEPARTURE.....	FULL REFUND LESS \$1000.00 *
75 DAYS OR LESS BEFORE DEPARTURE.....	NO REFUND.

* NOTES: ROUND-TRIP AIRFARE IS AVAILABLE FROM MOST U.S. CITIES AT AN ADDITIONAL COST. OPTIONAL PRE/POST CRUISE PACKAGES IN ROME & BARCELONA ARE AVAILABLE UPON REQUEST. PLEASE CALL US FOR DETAILS ON BOTH THESE ITEMS.

** TRAVEL INSURANCE IS HIGHLY RECOMMENDED (PLEASE CALL US FOR DETAILS) **

PLEASE MAIL, FAX or E-MAIL THIS RESERVATION FORM TO:

BARGAIN TRAVEL
P.O. BOX 2017
MASSAPEQUA, NY 11758
(800) 820-4567 VOICE / (516) 678-6148 FAX
BargainTravel@erols.com E-MAIL

NAMES*: _____ DOB: _____

_____ DOB: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

PHONE #: HOME () _____ / WORK () _____

CABIN CATEGORY SELECTED: _____ (11-INTERIOR / 10-INTERIOR / E4-BALCONY)

TRAVEL INSURANCE: _____ (YES / NO)

PASSPORT NUMBER: _____ / EXPIRY DATE: _____

DEPOSIT AMOUNT \$ _____ (CHECK / CREDIT CARD / MONEY ORDER)

CREDIT CARD # _____ SECURITY CODE: _____ / EXP DATE: _____

SIGNATURE & PRINTED NAME: _____ / DATE: _____.

E-MAIL ADDRESS: _____.

* EFFECTIVE 01/01/09, ALL PASSENGERS MUST NOW HAVE A VALID PASSPORT TO TRAVEL ABROAD.
YOUR NAME MUST MATCH THE ONE SHOWN ON YOUR PASSPORT. NO NICK-NAMES PLEASE.
EACH NAME CHANGE WILL BE CHARGED A PROCESSING FEE ACCORDINGLY.