

Cruise Line/Ship: Emerald Princess
Itinerary: 10-Night E. Caribbean R/T Ft. Lauderdale
Departing Sunday, January 19, 2009

2009 Stitching Cruise
CRUISE RESERVATION FORM
(Please complete form and return to Cruise Planners)

FIRST PASSENGER: Mr. () Mrs. () Ms. () _____
(Please print name exactly as it appears on your passport)

Date of Birth: _____ Captain's Circle Member No. (if applicable): _____

SECOND PASSENGER: Mr. () Mrs. () Ms. () _____
(Please print name exactly as it appears on your passport)

Date of Birth: _____ Captain's Circle Member No. (if applicable): _____

Address: _____

City/State/Zip: _____

Telephone: _____ E-mail: _____

Passenger Gateway (Please list closest airport): _____

CABIN ACCOMMODATIONS/DINING ARRANGEMENTS

Please reserve the following:

- () Category AB/Mini-Suite Stateroom w/Balcony
- () Category BC/Oceanview Stateroom w/Balcony
- () Category BD/Oceanview Stateroom
- () Category F/Obstructed Oceanview
- () Category JJ/Inside Stateroom

My dining preference is: () First Seating/6:00 p.m. () Second Seating/8:00 p.m. () Anytime Dining
Table Size: () Four () Six () Eight

Please arrange my cabin accommodations in: () Twin Configuration () Queen Configuration

Note: Accommodations will be reserved on a first-come, first-served basis. Accommodations are not guaranteed until full deposit is made.

AIR/HOTEL ARRANGEMENTS

- () I am interested in purchasing the round-trip air option available through Princess Cruises Air Department. Please contact me with pricing and further information.
- () I am interested in purchasing a hotel package and/or ground transportation through Princess Cruises. Please contact me with pricing and further information.
- () I will be making my own pre- and post-cruise travel arrangements.

STITCHING CLASSES

Stitching classes will be conducted on the three days at sea during the cruise from 9:00 a.m. to 12:00 p.m..

Please indicate how many people on this reservation will be joining the classes. _____

Please indicate how many people on this reservation will be cruise only. _____

TRAVEL INSURANCE

For your protection and to insure the full benefits of your trip planning, TravelSafe Vacation Insurance is available to you for Trip Cancellation, Trip Interruption and Trip Delay, Accident & Sickness, Medical Expenses, Emergency Medical Evacuation, Baggage and Baggage Delay and more. For more information on coverage and benefits, please visit www.travelsafe.com.

() I wish to purchase TravelSafe Vacation Insurance at the following cost:

<u>Total Cost of Trip</u>	<u>Up to Age 35</u>	<u>Age 36-50</u>	<u>Age 51-62</u>	<u>Age 63-72</u>	<u>Age 73-79</u>	<u>Age 80 & Over</u>
\$501 - \$1,000	\$34	\$45	\$50	\$68	\$102	\$129
\$1,001 - \$1,500	\$45	\$56	\$85	\$113	\$158	\$188
\$1,501 - \$2,000	\$62	\$79	\$118	\$158	\$215	\$258
\$2,001 - \$2,500	\$79	\$102	\$152	\$203	\$271	\$328

Please add a \$5.00 enrollment processing fee per person or per couple if using the same credit card.

() I am not interested in travel insurance and acknowledge that I have been offered but choose to decline this coverage.

PAYMENT INFORMATION

First deposit of \$450 is due at time of booking. Final payment is due by **November 5, 2007**. Deposits are fully refundable prior to final payment date. Travel insurance is recommended and should be purchased at time of initial deposit. **PLEASE NOTE THAT INSURANCE IS NON-REFUNDABLE.**

Please charge my credit card: () Visa () MasterCard () American Express () Discover

Credit Card No.: _____ Security Code: _____ Exp.Date: _____

Card Holder Name: _____ Signature: _____

PLEASE RETURN COMPLETED RESERVATION FORM TO:

**Roberta Fenska
Cruise Planners
17 Patriot Court
Sicklerville, NJ 08081
866-872-6294 (Toll-Free)
856-435-1509 (Fax)
rfenska@comcast.net**