Please complete this reservation form (one per person) and mail it along with your **$450 per person ($900 per cabin) deposit**
to: **Destinations with Nadine, Inc. Attn: Nadine Mihaljevic**
PO 304, Mundelein, IL 60060
Phone: 847-902-8064   e-mail: destinationswithNadine@gmail.com

Name *exactly* as it appears on your passport: _____

Gender: Male_____   Female_____   Birth date:_____
                                                                                        (month/day/year)

Familiar/nickname: _____

Street Address: _____

City/State/Zip:_____

Phone number: Home:_____   Cell:_____
(with area codes)

Email:_____

Passport #_____   Issuing Country: _____

Passport Issue Date: _____   Passport Expiration Date:_____
                      (mm/dd/year)   (mm/dd/year)
                                                         Passport must be valid for six months beyond the return date.

Your roommate's name, if applicable: _____

Cabin Category Preference: **C3** Veranda ____   **1C** Veranda ____   **9** Inside____

Celebrity Perk Choice: _____Classic Beverage Package   _____Unlimited Internet   _____$150 Onboard Credit
Promotion applies to Veranda category. Please note that guests in each stateroom must choose the same perk.

Bed Configuration Preference: Two twin beds____   One bed____

Dining Preference: Early Dining (6:00 p.m.) _____   Late Dining (8:30 p.m.) _____   Celebrity Select _____

(We have a 6:00 pm reservation for the entire group. If you prefer to dine on your own at the later time of 8:30 or whenever you please, this can be requested for you, but you will not be able to join the group at our reserved tables.)

Please circle Preferred Table Size (cannot be guaranteed):   6   8   10

Names of those with whom you would like to dine (in addition to your cabin mate): _____
_____

If you belong to Celebrity's Captain's Club, please indicate your membership number: _____

Please note if you require one of the following special diets: Vegetarian   Diabetic   Gluten-free

Do you need wheelchair assistance in the airport?   YES _____   NO _____

Please note your anniversary date if it occurs during the tour: _____

Balance due: May 8, 2020

Credit Card type: _____ MasterCard   _____Visa   _____Discover   Exp. Date: _____

Card #_____   Sec. Code: _____

Name on the credit card: _____   Amount: $_____

Signature: _____

*Please note: If you are paying by credit card, the $450 per person ($900 per cabin) deposit will be charged upon receipt of this form. Checks should be made payable **Destinations with Nadine, Inc.**

Over for Travel Protection Information

Travel Protection Plan

Please read and consider the information below. Then indicate your preference, sign and submit this form to secure your reservation.

An optional comprehensive travel protection plan with Travel Insured International is offered to you for this trip. You are not required to purchase this plan, but we strongly recommend that you do because it provides certain refund rights in the event you have to cancel the trip due to medical emergency or other defined reason. It also provides benefits for medical expenses should you become sick or injured while on the trip as well as coverage for trip delay and trip interruption expenses. Information regarding the travel protection plan, its coverage, exclusions, and limitations is available upon request.

☐ **I accept** the optional Travel Insured Group Deluxe plan and am including the premium with my trip deposit. I agree **Destinations with Nadine, Inc.** is not liable for any losses, financial or otherwise.

Cabin Category	Double Occupancy	Single Occupancy
Category C3	$353 per person____	$561 per person____
Category 1C	$319 per person____	$537 per person____
Category 9	$276 per person____	$422 per person____

☐ I decline the optional Travel Insured Group Deluxe plan and in doing so realize that I may lose all or part of my trip payment if I have to cancel after the cancellation date noted on the trip flier. I also realize that I will be 100% responsible for all expenses incurred due to cancelled or delayed flights; if I become sick, injured or die while on the trip; or if I must leave the tour to return home. I will also not have coverage for lost or damaged luggage, additional lodging or meals if delayed or for any unused portion of the tour. I **agree Destinations with Nadine, Inc.** is not liable for any losses, financial or otherwise.

Signature: _____Date: _____