



Cruise to Eastern Caribbean – Reservation Form

Cruise Ship: Royal Caribbean’s Oasis of the Seas – Sailing to St Thomas; St Maarten; and Nassau, Bahamas
Departs from: Fort Lauderdale, FL September 25, 2010 at 5:00 p.m. (Boarding permitted at noon)
Returns to: Fort Lauderdale, FL October 2, 2010 at 7:00 a.m.
Courses: America’s Real Estate Academy, Inc., (AREA) a licensed real estate course provider in GA and FL will present 7 hours of real and appraisal CE. Courses to be announced.

Cruise Fares/Rates:

Description	Interior	Ocean View	Balcony
Cabin Categories M (Interior); I (Ocean View); and D6 (Balcony)	\$879*	\$989*	\$1,129*

Note: Fares above do NOT include required taxes, fees and port charges of \$120.31/person (see Terms and Conditions #1, below). Third and fourth passenger per cabin rates start at \$320/person (interior cabins, plus taxes, fees, and port charges). There are limited cabins to accommodate 3rd and 4th passengers in each category.

Required Deposit: \$250/per person within 30 days of booking, however, deposit is required for cabin selection.

Please complete this form(s), print, and mail along with your check for the required deposit. For multiple cabins, use a separate form for each cabin.

Send form(s) and deposit to: **AREA Vacations, 1513 Shadow Ridge Circle, Woodstock, GA 30189** – call 770-591-5552 with any questions or send an email to travel@area-ga.com.

Terms and Conditions

- Cabin rates shown are per person and double occupancy is required. Rates shown do NOT include required taxes and fees of 120.31 per person. Rates do NOT include recommended gratuities of \$10.00 per day per person; transportation to and from Port Everglades (Fort Lauderdale, FL); parking at Port Everglades (\$15.00 per day); or travel insurance.
- All refundable deposits for this cruise will become non-fundable as of June 1, 2010. AREA Vacations recommends that you purchase travel insurance within 15 days of your initial deposit to receive maximum benefits (benefits may include waiver of previous medical conditions and coverage for default of the cruise provider. Call **770-591-5552** or send an email to travel@area-ga.com to obtain additional information about cruise insurance.
- If you are not a resident of Georgia, you should refer to your state’s Appraisers Board and Real Estate Commission if you have any question that AREA’s presentation of this course will satisfy your state’s CE requirements.
- The course schedules will be delivered to your cabin announcing the onboard location for the presentation. You must be present the entire time to receive credit for each course – no partial credit will be awarded and no makeup will be available. Completion certificates shall be provided for submission to appropriate state licensing boards if applicable.
- Cruise fares, itineraries, cabin availability, and course presented are all subject to change.
- The United States government requires all passengers to have valid and current passports or passport cards for this cruise. Please review the current requirements at: http://travel.state.gov/travel/cbpmc/cbpmc_2223.html
- Passengers who register to attend courses agree that in the event AREA is unable to conduct courses for any reason during this cruise, the sole remedy will be to receive an alternate classroom course or complete an online course with a similar number of CE credit hours without additional charge. The alternate classroom course or online course must be completed within one year of the last day of the cruise or the right to a FREE CE course will be waived.

AREA-VACATIONS.COM

1513 SHADOW RIDGE CIRCLE, WOODSTOCK, GA 30189
 770-591-5552 OFFICE



CABIN (SELECT ONE): Interior Ocean Balcony

MEAL PREFERENCE – subject to availability (SELECT ONE): Main Seating Late Seating

PASSENGER INFORMATION:

Passenger #1 Past Guest No Yes Past Guest Number: _____

Name (as shown on passport): _____
First Name MI Last Name

Address: _____
Street Address City State Zip

_____ Email address Home Phone Cell Phone Date of Birth

Special needs for diet and/or mobility: _____

Passenger #2 Past Guest No Yes Past Guest Number: _____

Name (as shown on passport): _____
First Name MI Last Name

Address: _____
Street Address City State Zip

_____ Email address Home Phone Cell Phone Date of Birth

Special needs for diet and/or mobility: _____

Passenger #3 Past Guest No Yes Past Guest Number: _____

Name (as shown on passport): _____
First Name MI Last Name

Address: _____
Street Address City State Zip

_____ Email address Home Phone Cell Phone Date of Birth

Special needs for diet and/or mobility: _____

Passenger #4 Past Guest No Yes Past Guest Number: _____

Name (as shown on passport): _____
First Name MI Last Name

Address: _____
Street Address City State Zip

_____ Email address Home Phone Cell Phone Date of Birth

Special needs for diet and/or mobility: _____