



Deposit Form

Please write legibly.

PESI, Inc.

**7-Night Alaska – Inside Passage
sailing from Seattle, WA on Princess Cruises *Emerald Princess*
July 23 - July 30, 2017**

Name _____ Profession: _____

On the line above, please print your name EXACTLY as it appears on your passport.

Seminar attendee? Yes () No () (\$300 discount for guests not attending the seminars)

Address _____

City/Town _____ State _____ Zip _____

Phone (____) _____ Fax (____) _____

E-mail _____ Passport Number _____

Birthdate _____ My roommate will be _____ Promo Code: _____
(separate deposit form required)

Accommodations

I would like to reserve the following cabin type (pricing is based on double occupancy):

- Inside Cabin** \$1,644/person
- Oceanview Cabin** \$2,184/person
- Balcony Cabin** \$2,534/person
- Mini-Suite** \$2,819/person

**Space is Limited – Please
contact Higgins Travel at
715-834-2686 for availability.**

Bedding Configurations:

- (2) Twins
- or*
- (1) Queen

Single, triple, and quad pricing are available upon request. Please contact Heidi DesJarlais, heidi@higginstravel.com at Higgins Travel Leaders for pricing and availability. Prices include seminar fee, port taxes & government fees. Port taxes and government fees are subject to change.

Dining Times - subject to availability

Please indicate your first and second choice: **5:30PM** **6:00PM** **8:15PM** **Anytime®**

1st Choice _____ 2nd Choice _____

Flights

Airfare is not included in the price of the cruise. You may receive assistance from our travel agency partner, Higgins Travel Leaders; please indicate your preference below. If purchasing airfare on your own, be advised that the cruise line imposes flight time restrictions.

Yes, I need assistance in purchasing airfare () No, I do not need assistance in purchasing airfare ()

Airport Transfers

I am interested in purchasing airport transfers for \$24/person each way () Yes () No

Travel Insurance

Travel insurance is available for purchase and is strongly recommended. Insurance must be taken out within 14 days of trip enrollment to cover pre-existing health conditions. The cost of travel insurance will be based on trip cost and age of traveler; call Higgins Travel Leaders 715-834-2686, for pricing.

I am interested in purchasing this insurance () I am declining the purchase of insurance ()

Payment

A deposit of \$700.00 per person (based on double occupancy) is required to secure a place on our cruise/seminar.

The balance will be due to Higgins Travel Leaders by May 5, 2017.

Any special needs - dietary/medical/pregnancy _____

Any special occasion _____

DEPOSIT TOTAL: \$700.00 per person

Credit Card Info

- MC VISA AmEx Discover
- 16 digits 13-16 digits 15 digits 16 digits

Card # _____

Card Exp. _____

Signature _____

V-Code #: _____

Please return completed application and payment (***checks payable to Higgins Travel Leaders***) to:

PESI, Inc.
P.O. Box 1000 • Eau Claire, WI 54702-1000
Fax: 1-800-554-9775 • Phone: 1-800-844-8260
www.pesi.com

Cancellation policy can be found online www.pesi.com/cruises under FAQs • How did you hear about the cruise? ___ at PESI seminar ___ Brochure ___ E-mail ___ Website ___ Other