

## PESI, Inc. Deposit Form

## 2019 Alaskan Cruise for Nurses: Legal Risks for Nurses 7-Night Alaska – Inside Passage Cruise sailing from Seattle, WA on Princess Cruises Ruby Princess

August 17 - 24, 2019

Name			Profession:	
On the line above	e, please print your name EXACTLY as it a			
	( ) No ( ) (\$350 discount for guests not attending			
Address				
City/Town	Sta	te	Zip	
Phone ()		Fax ()		
E-mail	d to receive your certificate of completion.	Passport Number		
Birthdate	My roommate will be Promo Code:   (separate deposit form required)		Code:	
Accommodations	(separate deposi	t form required)		
	the following cabin type (pricing is based	on double occupancy):	Bedding Configurations:	
Interior Cabin	\$1,795/person	1 0/	(2) Twins	
Oceanview Cabin	<b>\$2,480</b> /person		<u>or</u>	
Balcony Cabin	<b>\$2,835</b> /person		(1) Queen	
Mini-Suite w/Balcony	\$3,145/person			
for pricing and availabil	pricing are available upon request. Please colity. Prices include seminar fee, port taxes &			
Dining Times - subject to	·	115D34		
-		2:15PM Anytime		
1st Choice		2nd Choice		
olease indicate your pro	in the price of the cruise. You may receive eference below. If purchasing airfare on you n purchasing airfare ( )	ur own, be advised that the		
Airport Transfers				
_	nasing airport transfers for \$29/person each	way () Yes () No		
Fravel Insurance		•		
Fravel insurance is ava cover pre-existing heal Leaders 715-834-2686	1 0	will be based on trip cost ar	nd age of traveler; call Higgins Travel	
am interested in purcl	nasing this insurance ( )	I am dec	clining the purchase of insurance ( )	
Payment A deposit of \$700.00 per person (based on double occupancy) is required			<b>DEPOSIT TOTAL: \$700.00</b> per person	
		equired <u>Credit</u>	Card Info	
o secure a place on our cruise/seminar.  The balance will be due to Higgins Travel Leaders by May 27, 2019.		□мс	$\square$ VISA $\square$ AmEx $\square$ Discover	
		· ·	13-16 digits 15 digits 16 digits	
Any special needs - dietary/medical/pregnancy				
ny special occasion		Card Exp.		
		Signature_		
		V-Code #	*	
Pl	ease return completed application and payr	nent ( <i>checks payable t</i> o Hi	iggins 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