



“The West Jefferson Continuing Education Cruise”
January 19, 2012 - January 23, 2012

Carnival Elation

FUN, SUN, and 5 CNE hours

For registration and information on nursing continuing education (CNE) classes to be offered while “at sea”, please contact the West Jefferson Medical Center Education Department at 504-349-1612 or via email at www.EducationDept@wjmc.org

GROUP RATES:

		<u>Cruise Rate</u>	<u>Port/Gvmt. Fees</u>	<u>Total Per Person</u>
Category 4B	Interior Cabin	\$208.00	\$128.37	\$336.37
Category 6B	Ocean-view Cabin	\$238.00	\$128.37	\$366.37
Category 11	Junior Suite	\$648.00	\$128.36	\$776.37

Notes: All cabins are booked as guarantees and cabin assignments are not given at time of booking. If you would like a cabin assignment you will give up the right to be upgraded further, if an upgrade is given, and the full deposit of \$250 per person is due when a cabin number is requested. In order to receive a *possible* upgrade, you must not cabin assign your cabin and allow the cruise line to put you where they will. (Highest possible deck level for the Ocean view Cabins is the Main Deck.) Group cabins are **not guaranteed** to be side by side or close.

*** Above prices include cruise fare, port charges, and government fees. All prices based on double occupancy. Prices for passengers traveling alone in a cabin AND those with more than two passengers in the cabin are priced differently, Please call agent to get correct rates. Prices subject to change until deposited. ***

PAYMENT SCHEDULE:

INITIAL DEPOSIT	DUE AT THE TIME OF BOOKING	\$150 PER PERSON
FINAL PAYMENT	DUE BY November 10, 2011	REMAINDER OF BALANCE

Please make note, Carnival Cruise Line reserves the right to alter the above due dates, based on sailing restrictions.

CRUISE HIGHLIGHTS: Sail for 4 nights aboard the **CARNIVAL Elation** and you can dine in the Inspiration or Imagination dining rooms. Catch one of our award-winning stage shows at the Mikado Lounge. And where else would you want to court Lady Luck but the Casablanca Casino? Kick back in your extra-spacious staterooms or at the relaxing Spa Carnival and reminisce about all the amazing cities you've seen without even counting your cruise's destinations.

ITINERARY: Sail roundtrip from NEW ORLEANS, LA to Cozumel, Mexico. Also, enjoy 2 fun days at sea.

ADDITIONAL INFORMATION:

- ❖ **AGE REQUIREMENTS:** CARNIVAL CRUISE LINE REQUIRES ALL PASSENGERS BE 21 YEARS OF AGE OR OLDER TO TRAVEL IN A CABIN TOGETHER. PASSENGERS THAT ARE UNDER THE AGE OF 21 YEARS OF AGE (THAT ARE NOT TRAVELING WITH PARENTS) ARE REQUIRED TO BE BOOKED IN A CABIN WITH AN ADULT 25 YEARS OF AGE OR OLDER. THEY WILL ALSO BE REQUIRED TO HAVE A PERMISSION FORM SIGNED BY THEIR PARENT OR GUARDIAN.
- ❖ **PREGNANCY POLICY:** CARNIVAL CAN ONLY ALLOW WOMEN WHO ARE PREGNANT TO SAIL IF THEY HAVE COMPLETED 24 WEEKS OR LESS, OF THE PREGNANCY, AT THE TIME OF DISEMBARKATION.
- ❖ **RATE QUOTES ARE NOT GUARANTEED UNTIL THE FIRST DEPOSIT IS PAID.**
- ❖ **INSURANCE IS AVAILABLE AND HIGHLY RECOMMENDED, PLEASE ASK AGENT FOR DETAILS.**
- ❖ **Passports are not required for this sailing, but are recommended**



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 Crown's Adventures at Sea
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Join The
"West Jefferson Continuing Education Cruise"



There are two ways to sign up, either mail (or fax) in this sign up form with your full deposit or by calling Dawn @ Vacations by Crown, 504-889-9582! If calling in your booking, make sure you have all of the information below and a credit/debit card available for the deposit payment. If mailing in your form, please use one form per cabin.

**** NAME MUST BE LISTED AS IT APPEARS ON LEGAL DOCUMENTS OR PASSPORT****

PASSENGER 1 _____ DATE OF BIRTH _____

PASSENGER 2 _____ DATE OF BIRTH _____

PASSENGER 3 _____ DATE OF BIRTH _____

PASSENGER 4 _____ DATE OF BIRTH _____

ADDRESS _____

CITY, STATE, ZIP _____

EMAIL ADDRESS _____

HOME PHONE _____ CELL PHONE _____

INSURANCE ACCEPT _____ DECLINE _____ UNDECIDED _____

CABIN TYPE 4B _____ 6B _____ JUNIOR SUITE _____

DINING REQUESTED: Early (6:15PM) _____ LATE (8PM) _____

SPECIAL NEEDS/REQUESTS _____

CREDIT CARD PAYMENT: (AX,VI,MC,DS) _____ EXP _____

NAME ON THE CARD _____ AMOUNT CHARGED _____

PLEASE MAKE CHECKS PAYABLE AND MAIL TO: FAX NUMBER: 504-889-9586
VACATIONS BY CROWN
6601 Veterans Blvd. Suite 26
Metairie, LA 70003

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