



Hawaii 2008

8 day/7 night cruise aboard the Pride of Hawaii plus 2 days pre-cruise touring January 11-22, 2008 escorted by Jane Eckert

Please fill in completely. Use full legal name as on passport (include middle initial)

Title: Mr./Mrs./Ms./Miss Full Legal Name(s) (as on passport)
1.
2.
Home Address
City County
State Zip
Mailing Address (if other than above)
City State Zip
Phone H Cell
Best time and place to call Fax
E-Mail
Nametag name 1. 2.

Cruiseline Security information:

Passport Number 1. Exp. Date
Issued at City Country
Passport Number 2. Exp. Date
Issued at City Country

(A passport is required for this cruise. If applying for a new passport, allow 12 weeks for application to be processed. Upon receipt of your new passport, please send above info to us.)

1. Date of Birth: Month Day Year
Place (City/State)
Nationality Male Female
2. Date of Birth: Month Day Year
Place (City/State)
Nationality Male Female

Arrange round trip air transportation from airport which is nearest my hometown.

My choice of cabin category is Inside or Oceanview or Balcony
Choice of cabin mate

I prefer single accommodations (please call for pricing).

Have you cruised with this cruise line before?

- 1. yes no
2. yes no

If yes, give cruise Membership number: 1. 2.

Emergency Contact/Relationship
Phone: H - W -
E-mail

Medical emergency information (example: allergies, medication, etc.)

- 1.
2.

DEPOSIT:
Enclosed is my/our \$ deposit
Enclosed check or charge to my credit card:
Discover MasterCard Visa
Card # Exp. Date
Name as it appears on card
Signature
Enrollment in and payment of deposit constitutes your acceptance of the Tour Conditions/Responsibility of Dehoney Travel, Inc. to provide this travel program.
Credit Card Registration Available
Call 800/325-6708

Escorted by: Jane Eckert

Access America Travel Protection:
1. I wish for you to contact Access America on my behalf and purchase the TripCare Classic Plan.
Please purchase BizPack Expanded Coverage for me/us at the rate of \$19 per person.
Date of Birth Discover MasterCard Visa Card #
Social Security # Expiration Date
Name as it appears on card
Signature
I understand that a record of this charge and policy number/confirmation will be sent to my above address.
2. I will be contacting Access America about optional insurance coverage.
OR 3. I would like to decline the optional insurance coverage.
Signature:
Barbara at Dehoney Travel can assist with insurance evaluation and purchase.
If you have questions, please contact her at 812/206-1080, ext. 1089.



Make checks payable to and mail enrollment to:
Dehoney Travel, 3008 Charlestown Crossing, New Albany, IN 47150.