

Cruise Line _____

Name _____		Conf. # _____	
Address _____		City and Zip _____	

Phone _____	Reservation Amount _____	Commission _____	My Portion _____	PMT Date _____

Email _____	Ship / Cabin Type _____	Dates Booked _____
	Ship: _____	Check in: _____
@ _____	Cabin Type: _____	Check out: _____

Port of Departure _____	Cruise Length _____	Rewards Member? _____	Dining _____
		YES NO	

Paid in Full By _____	Penalty Free Cancel Ends _____	Last Day to Add Travel Insurance _____	Last Day to Add Transfer _____
<input type="checkbox"/>			<input type="checkbox"/>
√ box when paid in full		√ box if purchased. Due 5 days before sailing	

Special Needs _____	Room Credit Given _____	Gratuities _____	Travel Insurance _____
YES _____ NO _____		<input type="checkbox"/>	YES NO POI
List disability if applicable		√ box if prepaid	POI (planning on it)

All Attending (add birthdates, ages of children, and VIFP number if applicable)

_____	_____
_____	_____
_____	_____
_____	_____

Note: (desired room location / special needs such as handi cap bathroom)	
Insurance \$ _____	
Deposit \$ _____	

Fax in requests: _____	Diaper Disposal _____	Playyard _____	Bottle Serilizer _____	Stroller _____	Power Strip (special needs) _____
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Website Log In Info: _____

Getting There Questions			
Driving _____	Flying _____	Airline: _____	Conf #: _____
Flight # _____ from _____ to _____		Flight # _____ from _____ to _____	
Takeoff _____ am pm Landing _____ am pm		Takeoff _____ am pm Landing _____ am pm	

Dates on Calendar <input type="checkbox"/>		Input in CRM <input type="checkbox"/>		On Commission Log <input type="checkbox"/>		New Client Emails Sent <input type="checkbox"/>
Email Logged <input type="checkbox"/>		New Booking Mailer Sent <input type="checkbox"/>		Special Needs Info Sent <input type="checkbox"/>		
60 Day Out Mailer Sent <input type="checkbox"/>		Room Gift Sent <input type="checkbox"/>		Thank you Card Sent <input type="checkbox"/>		