



Phone: 800-874-1996 Fax: 310-546-8433 www.mindbodytravel.com

The Ocean of Gratitude Cruise

February 16 – 24, 2008

Reservation/ Information and Acceptance

Please fill in the following information and return via mail.

How did you hear about the trip? \_\_\_\_\_

Please fill in all information below. Name must be listed as it is shown on your passport.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Requesting: \_\_\_\_\_ Sharing \_\_\_\_\_ Single \_\_\_ Triple \_\_\_\_\_ Quad Cabin Category \_\_\_\_\_

Roommate Request (Y/N) \$500.00 per person deposit due at time of booking

Request Pre/Post Cruise Hotel (Y/N) Request Air (Y/N) From: \_\_\_\_\_ Air Quote: \_\_\_\_\_

PAYMENT BY CREDIT CARD Circle One: VISA, MC, DISCOVER, AMEX

Cardholders Name, as it appears on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Credit Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_/\_\_\_/\_\_\_ 3/4 digit code on the back side of the card: \_\_\_\_\_

Authorized Amount: \$ \_\_\_\_\_

Required Signature \_\_\_\_\_ Date \_\_\_\_\_

I have read and understand the Terms and Conditions. Cardholder acknowledges receipt of goods and services in the amount shown hereon and agrees to perform the obligations set forth to the Cardholder's agreement with the Issuer.

MAIL CHECK TO: Mindbodytravel, Inc., 1334 Parkview Avenue, Suite 210, Manhattan Beach, CA 90266