

Reservation Request
National Multiple Sclerosis Society Retreat
Carnival Paradise - 3 day cruise - June 25-28, 2010

Number of guests traveling: _____ Today's Date: _____

For reservations made **after 5pm on November 6, 2009**

Booking 98MT76

Stateroom type: Inside (4B) Ocean View (6B) Suite

Single / per person \$ 784.11 \$ 864.11 prevailing

Double / per person \$ 415.11 \$ 455.11 prevailing

3rd & 4th person/ per person prevailing prevailing prevailing

(This per person price includes cruise fare, port charges, taxes, prepaid gratuities and a \$25 credit from the Chapter)

Guest 1 (National MS Society Registered Member) **\$75 PER PERSON DEPOSIT REQUIRED W/ RESERVATION**

Title - Mr, Mrs, Ms, Miss	First name	Last name
Gender	Date of Birth	Date of MS Diagnosis: MM /YY
Contact Phone	Email Address	Nationality
		State of Residency

DINING TIME - Choose one Early 6pm Late 8:15pm

AIRPORT TRANSFERS - if needed Pre Cruise - from LAX - \$26 Post Cruise - to LAX \$26

SPECIAL NEEDS** Blind Deaf Diabetic

Dialysis Oxygen Sharps Container

Wheelchair ADA room Other _____

** Generates another form to describe accessibility needs in detail

Guest 2 (same room) **\$75 PP DEPOSIT REQUIRED W/ RESERVATION** Relationship to Guest 1 _____

Title - Mr, Mrs, Ms, Miss	First name	Last name
Gender	Date of Birth	State of Residency
		Nationality
		Past Carnival Guest #

AIRPORT TRANSFERS - if needed Pre Cruise - from LAX - \$26 Post Cruise - to LAX \$26

SPECIAL NEEDS** Blind Deaf Diabetic

Dialysis Oxygen Sharps Container

Wheelchair ADA room Other _____

Comments or Special Requests:

Reservation Request
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Guest 3 (same room) \$75 PP DEPOSIT REQUIRED W/ RESERVATION Relationship to Guest 1 _____

Title - Mr, Mrs, Ms, Miss First name Last name

Gender Date of Birth State of Residency Nationality Past Carnival Guest #

AIRPORT TRANSFERS - if needed Pre Cruise - from LAX - \$26 Post Cruise - to LAX \$26

SPECIAL NEEDS** Blind Deaf Diabetic
 Dialysis Oxygen Sharps Container
 Wheelchair ADA room Other _____

Guest 4 (same room) \$75 PP DEPOSIT REQUIRED W/ RESERVATION Relationship to Guest 1 _____

Title - Mr, Mrs, Ms, Miss First name Last name

Gender Date of Birth State of Residency Nationality Past Carnival Guest #

AIRPORT TRANSFERS - if needed Pre Cruise - from LAX - \$26 Post Cruise - to LAX \$26

SPECIAL NEEDS** Blind Deaf Diabetic
 Dialysis Oxygen Sharps Container
 Wheelchair ADA room Other _____

DEPOSIT OF \$75 PER PERSON DUE AT TIME OF BOOKING

Balance due by April 15, 2010

CREDIT CARD INFORMATION American Express Discover Mastercard Visa

_____ _____ _____
Credit Card Number Expiration Security Code

Name on Card

_____ _____
Billing Address City, State Zip

I authorize Carnival Cruise Line to charge my credit card:

No of people x \$75 per person = or PAY IN FULL

_____ _____
Signature Date

Questions about the cruise? Call 1-800-344-4867 and Press "1" or email msinfo@mspacific.org

Ready to book? Fax or email completed form to MVP Meetings - 303-474-3034 or kgentzler@mvpmeetings.com

Or call the MS 2010 cruise hotline at - 760-448-8445 to complete by phone