

HOW TO RESERVE YOUR SPOT ON THIS SHIP!!

2010 HYPNOBIRTHING CONCLAVE ON THE CARNIVAL LIBERTY ON NOV. 27 – DEC. 4, 2010

1. Complete the "Guest Form". Please complete form LEGIBLY & COMPLETELY. Flight arrangements will be submitted at a later time.
2. If paying by credit card e-mail form to hypnobirthing2010@gmail.com or fax to (916) 676-4943.
3. If paying by check make check out to: Goldrush Getaways and mail to: Kevin Butler at P.O. Box 417173 Sacramento, Ca 95841-7173.
4. All second deposits of \$200/person MUST BE RECEIVED IN THE OFFICE BY MAY 27, 2010 - NO EXCEPTIONS
5. All final payments MUST BE RECEIVED IN THE OFFICE BY AUGUST 31, 2010 - NO EXCEPTIONS

ALL DEPOSITS ARE REFUNDABLE UNTIL AUGST 31, 2010

ALL CABINS WILL BE ASSIGNED AFTER JUNE 3, 2010

CABINASSIGNMENT WILL BE ON A FIRST-TO- REGISTER BASIS.

IF YOU HAVE ANY QUESTIONS OR HAVE ANY SPECIAL NEEDS FOR THE CRUISE, PLEASE E-MAIL YOUR QUESTIONS, ALONG WITH YOUR NAME

YOU CAN SEE A DECK PLAN OF THE CARNIVAL LIBERTY AND INFORMATION ON THE PORTS OF CALL AT www.carnival.com

Available cabins:

Inside cabins at \$330

Inside cabins at \$335

Inside cabins at \$340

Inside cabins at \$345

Outside cabins at \$430

Balcony cabins at \$560

Prices are per person, based on double occupancy.

Prices are for cabin and cruise amenities and do not include Port Charges & Taxes of \$243.36 / person.

Gratuities may be additional.

CST: 2055171-40

Booking # 93P2C4

Guest Form (one per cabin)

List each name exactly as it appears on person's Passport or Passport Card

Name: _____ Birth Date _____

Name: _____ Birth Date _____

Name: _____ Birth Date _____

Name: _____ Birth Date _____

Address: _____

Phone _____ Email _____

Are you a US Citizen: Y/N. If not, from what country: _____

Do you want (circle one): Inside Cabin Outside Cabin Balcony Cabin

Dining: Early Seating Late Seating

Do you need flight with the cruise line: Y/N From what airport? _____

Flight Information:

Airline: _____ Flight#: _____ Departing From _____

Departure Time: _____ Arrival Time: _____

Airline: _____ Flight#: _____ Departing From _____

Departure Time: _____ Arrival Time: _____

Please arrange flights to arrive before 12:00noon on Nov. 27 to allow time to get to the ship and to depart after 3:00 p.m. on Dec. 4 to allow time to get to the airport from the port.

Do you need transfer with the cruise line: Y / N

Do you want insurance: Y/ N

Do you want to pre-pay gratuities: Y / N

Do you have any specials needs: Y /N _____

PAYMENT:

Check# _____ \$ _____

Please Charge my credit card for \$ _____

Credit Card# _____ Exp. _____

Name on Credit Card _____

Billing Address _____

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