Booking Form

My Vacation Consultant is: _____

Tell us more about you:

Name: _____

Phone #: _____ **Email Address:** _____

Address: _____

Are you currently a 7SEAS Club Member? ☐ Yes ☐ No **Join the Club!** ☐ Yes ☐ No

☐ **Update or Sign me up for your 7SEAS e-newsletters!** (select which ones below)

- ☐ CruiseShipNews
- ☐ CruiseShipFlash
- ☐ CruiseShipWeekly Alaska
- ☐ CruiseShipWeekly Caribbean & Mexico
- ☐ CruiseShipWeekly Europe & Exotic

Have you cruised before? ☐ Yes ☐ No

If so, with which cruise lines? _____

Cruise Line Loyalty Numbers *(if applicable):* _____

Expedia Rewards©/One Key Member? ☐ Yes ☐ No

Expedia Rewards©/One Key Email Address: _____

Are you or anyone travelling with you military or ex-military? ☐ Yes ☐ No

Do you have a Future Cruise Credit? ☐ Yes ☐ No

Are you:

☐ Seeking more information *(complete section A)*

☐ Ready to Book *(complete section B on next page)*

SECTION A: Contact me with more information

Destination(s) interested in: _____

Vacation Wish List: _____

Reason for Trip: _____ **Travel Dates:** _____

Who will you be traveling with? _____ **Budget:** _____

Let's Start Planning!

What days and times are best to chat? _____

How do you prefer to be contacted? ☐ Phone ☐ Email ☐ Other: _____

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SECTION B: I'm Ready to Book!

Reason for Trip: _____

	Guest Legal Name	**Date of Birth (mm/dd/yyyy)**
Guest 1:	_____	_____/_____/_____
Guest 2:	_____	_____/_____/_____
Guest 3:	_____	_____/_____/_____
Guest 4:	_____	_____/_____/_____

Cruise Information Choice #1:

Ship: _____ Sailing Date (mm/dd/yyyy): _____

Destination: _____ Length (# of nights): _____

Embarkation Port: _____ Debarkation Port: _____

Cruise Information Choice #2:

Ship: _____ Sailing Date (mm/dd/yyyy): _____

Destination: _____ Length (# of nights): _____

Embarkation Port: _____ Debarkation Port: _____

Stateroom & Dining Information:

	# required
Suite	
Mini-Suite	
Balcony	
Oceanview	
Inside	

Dining preference: ☐ Early ☐ Late ☐ Open ☐ No Preference

Additional Comments:

_____

_____

_____

_____

Insurance Information:

Can I help you book your insurance for this trip? ☐ Yes ☐ No

If no, what other coverage do you have to insure this trip? _____

Air / Hotel / Transfers / Shore Excursions

Please help me book the following items (select all that apply):

- ☐ Air
- ☐ Pre / Post Hotels
- ☐ Transfers to/from Airport to Port
- ☐ Shore Excursions
- ☐ Pre / Post Vacations

When is the best day and time to call you to confirm this information? _____