

**THE CONFERENCE GROUP, LLC**  
**12 DAY GREEK ISLES & EGYPT CRUISE REGISTRATION**  
**OCTOBER 17 – OCTOBER 29, 2010      STAR PRINCESS**

- PLEASE READ AND COMPLETE ALL APPLICABLE SPACES TO ENSURE A CONFIRMED RESERVATION
- \$1200 PER PERSON DEPOSIT CHECK IS REQUIRED PAYABLE TO KELLY CRUISES; CREDIT CARDS ARE NOT ACCEPTED FOR PAYMENT
- **U.S. PASSPORT IS REQUIRED VALID FOR SIX MONTHS AFTER DISEMBARKING THE SHIP!**
- BE SURE NAMES LISTED ARE SPELLED EXACTLY AS ON YOUR PASSPORT
- TRAVEL INSURANCE IS MANDATORY AND IS INCLUDED IN THE DEPOSIT
- INSURANCE PREMIUMS ARE NON-REFUNDABLE AND NON-TRANSFERABLE

**PARTICIPANT:** PLEASE LIST YOUR **CU** TITLE HERE: \_\_\_\_\_

\_\_\_\_\_. \_\_\_\_\_ NICKNAME FOR BADGE \_\_\_\_\_  
MR./MRS./MISS FIRST, MIDDLE INITIAL, LAST DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

**SHARING WITH:**

\_\_\_\_\_. \_\_\_\_\_ NICKNAME FOR BADGE \_\_\_\_\_  
MR./MRS./MISS FIRST, MIDDLE INITIAL, LAST DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

**3<sup>RD</sup> OR 4<sup>TH</sup> PASSENGERS,** IF APPLICABLE

\_\_\_\_\_  
FIRST, MIDDLE INITIAL, LAST - DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

**HOME ADDRESS**

\_\_\_\_\_  
STREET CITY & STATE ZIP CODE

HOME PHONE (\_\_\_\_) \_\_\_\_\_ HOME EMAIL: \_\_\_\_\_

**CREDIT UNION ADDRESS** \*ALL INFORMATION & DOCUMENTATION WILL BE MAILED TO YOUR CREDIT UNION

\_\_\_\_\_  
CREDIT UNION NAME ASSET SIZE

\_\_\_\_\_  
CREDIT UNION CONTACT EMAIL ADDRESS

\_\_\_\_\_  
STREET ADDRESS (NO P.O. Box #'s) CITY & STATE ZIP CODE

CU PHONE (\_\_\_\_) \_\_\_\_\_ EXT. \_\_\_\_\_ CU FAX (\_\_\_\_) \_\_\_\_\_

**CABIN CATEGORY:** 1ST CHOICE \_\_\_\_\_ 2ND CHOICE \_\_\_\_\_

**AIR WITH CRUISE LINE?** (CIRCLE ONE) YES OR NO **IF YES,** LIST YOUR DEPARTURE AIRPORT \_\_\_\_\_

**TRADITIONAL DINING:** EARLY SEATING (6:00PM) \_\_\_\_\_ OR LATE SEATING (8:15PM) \_\_\_\_\_

**"ANYTIME DINING" OPEN DINING:** \_\_\_\_\_ **TABLE SIZE?** 2 4 6 8 (CIRCLE ONE)

**PLEASE LIST SPECIAL REQUESTS:** (EXAMPLE: DINING COMPANIONS, QUEEN OR TWIN BEDS, CELEBRATIONS....)

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