

RESERVE YOUR PANAMA ENCHANTMENT CRUISE TODAY

SEND TO:

UCLA Alumni Association
Attn: Alumni Travel
James West Alumni Center
Los Angeles, CA 90095-1397
Phone: 310-206-0613
Fax: 310-209-4271

UCLA ALUMNI ASSOCIATION (701-1)

January 17 – February 2, 2017



I/WE PREFER GO NEXT CORRESPONDENCE VIA: Email Mail Both

PLEASE MAKE MY/OUR RESERVATION FOR:

- CRUISE PROGRAM WITH AIRFARE Please indicate preferred departure city: _____
 CRUISE PROGRAM ONLY (Air credit, \$300 per person – subject to change.)

PLEASE SELECT 1 OF THE FOLLOWING AMENITIES (PER STATEROOM):

- Shore Excursions House Select Beverage Package Shipboard Credit

Stateroom/Suite category requested: 1st choice _____ 2nd choice _____

Bed request: Twin (2 beds) Queen

Single and Triple accommodations are an additional cost and subject to availability.

Request: Single Triple

- Please reserve _____ space(s) for the GO NEXT LOS ANGELES PRE-CRUISE PROGRAM,
\$379 per person, double occupancy. Single occupancy is \$529 and subject to availability.

All passengers must travel with a passport valid at least 6 months beyond their return date.

GUEST 1: Full Name (as it appears on your passport)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First	Middle	Last	Title
<input type="text"/>	<input type="checkbox"/> M Birth Date	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/> F (MM/DD/YYYY)		
Preferred name on name badge	Citizenship		

GUEST 2: Full Name (as it appears on your passport)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First	Middle	Last	Title
<input type="text"/>	<input type="checkbox"/> M Birth Date	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/> F (MM/DD/YYYY)		
Preferred name on name badge	Citizenship		

Email Address

Mailing Address

City State ZIP

Home Phone Cell Phone

Oceania Cruises Club Number (past cruise travelers only)

Roommate (if different from above)

Adjacency Request

SIGNATURES REQUIRED BY EACH PERSON TRAVELING INCLUDING PARENT/GUARDIAN FOR MINOR CHILDREN: I/We have read, received a copy of, understand, and accept the terms and conditions stated in the Operator/Participant Agreement.

SIGN HERE X _____

SIGN HERE X _____

DEPOSIT AND FINAL PAYMENT: A deposit of \$950 per person (plus a \$200 deposit per person for each Pre-Cruise Program, if applicable) is due with your reservation application. Make checks payable to **Go Next**. Deposits may also be made by credit card. Full payment is required by August 1, 2016. Reservations received after this date must be accompanied with full payment.

Please reserve _____ space(s). Enclosed is my/our deposit for \$ _____.

Final payments for the cruise fare may be made by check or credit card. All major credit cards are accepted. If applicable, Pre-Cruise Program is required to be paid for by check.

I/We authorize Go Next, Inc. to charge my/our credit card for the deposit of \$ _____			
Name (as it appears on your credit card) _____			
SIGN HERE X _____			<input type="checkbox"/> Billing address same as above
Billing Address (if different from above) _____			
Card Number _____	Security Code _____	Exp. Date _____	_____

Making a deposit or acceptance or use of any vouchers, tickets, goods, or services shall be deemed consent to and acceptance of the terms and conditions stated in the applicable Operator/Participant Agreement, including limitations on responsibility and liability.

UCLA Alumni Travel is a benefit of membership in the UCLA Alumni Association. The Association requires a membership to use our services. All UCLA alumni are now members of the UCLA Alumni Association. You may invite up to three companions to travel with you as guests on your membership. <input type="checkbox"/> Yes, I am a member of the UCLA Alumni Association. <input type="checkbox"/> No, I am not a member. Please send me an application to join.
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