

*Cruise with WAVES diabetes
Alaska Cruise Onboard Royal Caribbean's
Serenade of the Seas
July 5 — July 12, 2008*

Wellness Adventures: Vacation, Education, Support
www.wavesdiabetes.com

Name _____ Date of Birth ____/____/____

Name of Cabinmate _____ Date of Birth ____/____/____

Address _____

City _____ Zip _____

Daytime Phone _____ Evening Phone _____

E-Mail _____ Fax _____

Cabin category I would like to reserve _____

First deposit of _____ is due on _____ Final payment is due on _____

I would like to use the following credit card for my down payment and final payment:

Type of card VISA MASTERCARD AMEX

Credit Card Number _____ Expiration Date _____

Name as it appears on card _____

Billing Address _____

City _____ State _____ Zip _____

I understand the initial deposit will be charged to my card at the time of booking. I understand the final payment will automatically be charged to my card on the final payment date. I have proofed the above information and acknowledge that it is correct.

Signature _____

I will need flight information _____

I will need pre/post hotel stay information _____

I will need trip insurance (highly suggested) _____

Call Program Directors for fax or address to submit the registration form.

Jenna Scarsi (847) 310-4132

Deborah Greenwood (847) 917-4277



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