

NASHTRASH CRUISE 2008 REGISTRATION FORM

FILL OUT THIS FORM AND MAIL OR FAX IT BACK by JUNE 10th

5 Day Cruise to Nassau, Bahamas & Key West from Jacksonville Florida – October 27, 2008

SELECT ONE: Prices are per person, double occupancy and include port charge & tax. \$50 prepaid gratuities not included

INTERIOR STATEROOM q cat. 4A \$425.00 per person	OCEAN VIEW STATEROOM q cat. 6A \$485.00 per person	SUITE w/VERANDA q cat. 11 Request Quote
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SELECT ONE: Note: *Single supplement is 200% less port charge.

<input type="checkbox"/> DOUBLE OCCUPANCY	<input type="checkbox"/> SINGLE OCCUPANCY * (Requires double deposit + 200% fare)	<input type="checkbox"/> TRIPLE/QUAD (Use two forms) (Requires \$200.00 per person deposit)
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PASSENGER INFORMATION

PASSENGER ONE	
Full Legal Name (Homeland Security requires Legal Name)	
Nickname	
Address:	
City, State Country Zip/Postal Code	
Day Phone	<input type="checkbox"/> This will be my first cruise <input type="checkbox"/> I have sailed on Carnival before <input type="checkbox"/> I have sailed before but not on Carnival
Cell Phone	Special Event During The Cruise (Birthday, Anniversary, etc.)
Date of Birth (required)	Country of Citizenship
Email Address:	
SPECIAL NEEDS: Other needs please write on a separate paper and attach. <input type="checkbox"/> I have food allergies: _____ <input type="checkbox"/> I have am diabetic <input type="checkbox"/> I required a special diet _____ <input type="checkbox"/> I am confined to a wheelchair <input type="checkbox"/> I use a wheelchair but can walk short distances <input type="checkbox"/> I require the use of oxygen and I will bring my own <input type="checkbox"/> Oxygen and/or <input type="checkbox"/> Concentrator <input type="checkbox"/> I need the assistance of a service animal <input type="checkbox"/> I require an ASL interpreter <input type="checkbox"/> OTHER	

PASSENGER TWO	
Full Legal Name (Homeland Security requires Legal Name)	
Nickname	
Address:	
City, State Country Zip/Postal Code	
Day Phone	<input type="checkbox"/> This will be my first cruise <input type="checkbox"/> I have sailed on Carnival before <input type="checkbox"/> I have sailed before but not on Carnival
Cell Phone	Special Event During The Cruise (Birthday, Anniversary, etc.)
Date of Birth (required)	Country of Citizenship
Email Address:	
SPECIAL NEEDS: Other needs please write on a separate paper and attach. <input type="checkbox"/> I have food allergies: _____ <input type="checkbox"/> I have am diabetic <input type="checkbox"/> I required a special diet _____ <input type="checkbox"/> I am confined to a wheelchair <input type="checkbox"/> I use a wheelchair but can walk short distances <input type="checkbox"/> I require the use of oxygen and I will bring my own <input type="checkbox"/> Oxygen and/or <input type="checkbox"/> Concentrator <input type="checkbox"/> I need the assistance of a service animal <input type="checkbox"/> I require an ASL interpreter <input type="checkbox"/> OTHER	

DINING: On this Group Cruise we attempt to keep our group together by dining during the 2nd or late dining time (8:00pm). If you prefer to dine outside of the group during an earlier seating, please check here... **I wish to dine outside of the group at an earlier seating.**

DEPOSIT: \$100.00 per person deposit is required to hold space.

Initial payment can be anything from \$100.00 (per person) to full cruise amount. Payments can be made by mail or fax. Staterooms cannot be held without a deposit. Pricing and availability is capacity controlled and subject to change without a processed deposit and without notice. **HURRY! ALL SPACE IS LIMITED!** Please note, credit cards are NOT processed and checks are NOT deposited until available space has been confirmed.

Prices and availability subject to change without a deposit.

METHOD OF PAYMENT

CHECK (Do not mail cash!) **CHK #** _____ **MAKE CHECK PAYABLE TO: THE TRAVEL PLANNER**
 CREDIT CARD: American Express Visa MasterCard Discover

CARD NUMBER _____ EXP. DATE _____ PIN _____

BILL MY CREDIT CARD THIS AMOUNT \$ _____ TODAYS DATE _____
 (Cardholder Must Be Sailing)

I authorize Carnival Cruise Line and/or The Travel Planner to charge my credit card toward my sailing as well as for the other passenger(s) named on this registration form, which I knowingly agree to pay for. I also agree to the cancellation terms on the other side.

NAME ON CARD OR CHECK (PRINT) _____ SIGNATURE _____

MAIL WITH BOTH PAGES SIGNED TO

The Travel Planner 1113 Lochland Drive Gallatin, TN 37066
 YOU MAY ALSO FAX CREDIT CARD PAYMENTS TO (615) 866-5089

PAYMENT SCHEDULE

June 10, 2008 \$250.00 per person

August 10, 2008 Remaining Balance Due
Failure to make full payment before August 10, 2008 will result in automatic cancellation and forfeit of fees as outlined below.

OPTIONAL TRAVEL INSURANCE

The Travel Planner strongly recommends Vacation Protection Insurance. I will send information on the optional TravelSafe Insurance with your receipt. To learn more about this protection, please visit our website at www.thetravelplanneronline.com and click on the Travel Insurance button or call Penney at 615-826-4335. In most cases, insurance is the only protection to recoup payments in an unlikely event you may need to cancel and is worth the investment.

CANCELLATION POLICY

ALL CANCELLATIONS MUST BE MADE IN WRITING. Faxes accepted. We will notify you when we receive your written cancellation. If you do not hear from us after sending, please call and resend. The Travel Planner is not responsible for mail delays or fax malfunctions.

August 10, 2008 \$200.00 per person September 16, 2008 50% of total cost October 10, 2008 Full penalty (No Refund)	In addition to the cruise line penalty, there is a \$50.00 pp non-refundable administration fee.
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This cancellation policy is set by The Travel Planner to best reflect penalties and cancellation procedures of all the cruise lines utilized by us and is subject to change with written notice. **Please consider reviewing the optional Travel Insurance available.** In most cases, insurance is the only protection to recoup payments in unlikely event you may need to cancel and is worth the investment. Insurance is available from TravelSafe. Name changes can result in a \$50.00 fee or current cruise line fee if higher. By signing below I agree to the cancellation terms, and further agree pay the penalties as outlined above should I cancel my cruise for any reason.

STATEROOM ASSIGNMENT

Stateroom assignments will be made directly from the cruise line and will reflect the category purchased or better. Occasionally, cruise lines will issue upgrades at random. The Travel Planner has no control over upgrades. Wheelchair accessible state rooms will be requested by The Travel Planner at time of booking, however, The Travel Planner can not guarantee placement by the cruise lines. Actual stateroom assignment will be made by cruise line between 90 days and date of sailing. The Travel Planner will notify passengers of cabin assignment via mailing within three business days of receiving final assignment from the cruise line. If you would like to guarantee a specific cabin/state room, you may request one by calling (615) 826-4335 and paying full amount of cruise at time of deposit.

VIDEO/PHOTOGRAPHIC RELEASE FORMS

During the cruise, The Travel Planner and/or NashTrash Tours will be taking still photography and video/sound recordings including a group photo. Guests who sign below hereby authorize the reproduction, sale, copyright, broadcast and/or distribution of said videotape, sound recording and pictures without limitations or compensation. The guest further agrees and releases The Travel Planner, their representatives and agents from any liability, loss, expense or claims arising from distribution, broadcast, sale or use of his/her likeness or voice. The guest certifies that he/she is over 21 years of age or has written permission from their legal guardian. This notice, which is signed below, serves as a release for any photograph and video. No other release form will be issued for the group photo multimedia event.

GENERAL INFORMATION

The Travel Planner and all participating cruise lines reserve the right to alter, change, or cancel any posted sailing, itinerary or ship. Should a cruise be cancelled by The Travel Planner, a cruise or vacation of equal value or greater will be substituted on the same scheduled days. If this is not possible, a full refund will be issued within 90 days. Should a cruise become cancelled due to a cruise line bankruptcy, refunds and compensation will be through the United States Bankruptcy Courts and not the responsibility of The Travel Planner or NashTrash Tours. **Purchase of optional travel insurance is highly suggested for protection.** This optional travel insurance is available from TravelSafe. The Travel Planner reserves the right to deny or refuse passage to anyone who may pose as a threat or disruption to the integrity of the cruise and fellow passengers. This agreement shall be governed by and interpreted under the laws of the state of Tennessee, and exclusive jurisdiction and venue for any legal proceeding shall be Sumner County, Tennessee. The parties agree that in the event litigation relating to this agreement is filed by either party, the non-prevailing in such litigation will pay the prevailing party's cost resulting from the litigation including reasonable attorneys' fees.

Signature/Authorization - To be signed by each guest

I have read, understand and agree to the terms, liability, responsibility, payment schedules, deposit policy, cancellation policy, late fee, surcharge increase, and video tape/photographic release as written above. I have been offered optional travel insurance and trip cancellation insurance via TravelSafe (888) 885-7233 or www.travelsafe.com – Use agency code **THETN04**. I hereby certify that I will not bring any illegal drugs aboard ship and accept full responsibility and further agree to indemnify The Travel Planner and NashTrash Tours for any fines, damages or charges brought against me concerning illegal drugs or activity. I understand it is not The Travel Planner, NashTrash Tours or the Cruise Lines responsibility to keep me informed of the regulations and documents required by the U.S. I.N.S. to board a cruise ship. I further understand that if I do not present the proper documents, I risk being denied boarding by U.S. Customs (Homeland Security) and will not be entitled to any refund or compensation from The Travel Planner, NashTrash Tours or the Cruise Line. This contract is enforceable by the laws of the State of Tennessee. This reservation request form becomes a contract upon receipt by The Travel Planner with the initial deposit. If the undersigned guest fails to meet the outlined deposit/payment schedule, The Travel Planner reserves the right to cancel this reservation and assess the cancellation fee as outlined above. I understand that cruise itineraries, ships, resorts and schedules are subject to change with or without notice. I also understand that I am responsible for my own transportation to and from the Port of Departure and do not hold The Travel Planner or NashTrash Tours responsible for delays, lost baggage, injury or cancelled flights.

_____ Signed Full Legal Name of Passenger One _____ Date _____ Signed Full Legal Name of Passenger Two _____ Date

C I currently have a valid passport C I have applied for a passport

Emergency Contact: Name _____ Relationship _____

Phone: _____ Email: _____