



EDDIE DIAZ, CSEP
EVENT & DESTINATION PLANNER
www.eventfulcruises.com

TRAVEL AGENT INFORMATION

Full Name (Last, First):	EDDIE DIAZ, CSEP	Agency:	CRUISES INC.
Address:	5132 Oak Island Rd. Orlando, Fl. 32809	Phone:	407.392.2156

TRAVELER INFORMATION

Full Name (Last, First, Middle) Note: Name must match passport or government issued ID		Date of Birth:	
Address (NO P.O.Box) :		State:	
		Zip Code:	
Phone:	Mobile:	Group Leader Name: (Required)	
Email:		EDDIE DIAZ, CSEP	
Departure Airport:		Roundtrip Transport:	YES NO
Travel Insurance:	YES NO	Prepaid Gratuities:	YES NO

TRIP INFORMATION

Trip Name / Destination:		TALIAS LEGACY FAN CRUISE 2014 / BAHAMAS		Dates:		DEC 15-DEC 20, 2014		
Cabin Type:	Inside	Oceanview	Balcony	Suite	Cabin Notes:			
Departure Port:				PORT CANAVERAL		State:	FL	Zip:

TRAVELER(S) INFORMATION

Provide Full Name (Last, First, Middle) Note: Name must match passport or government issued ID			
Passenger# 1	Birthdate:	Shirt Size:	Price:
Passenger# 2	Birthdate:	Shirt Size:	Price:
Passenger# 3	Birthdate:	Shirt Size:	Price:
Passenger# 4	Birthdate:	Shirt Size:	Price:

PAYMENT INFORMATION - SECURED FAX 866.576.7397 or EMAIL ediaz@cruisesinc.com

CREDIT CAR TYPE:	MC VISA AMEX	CHARGE TODAY:	DATE:
CREDIT CARD NUMBER:		AUTHORIZED SIGNATURE:	
NAME ON CARD:		BILLING PHONE:	
EXP DATE:	/	3 DIGIT CV2 CODE:	
Address (NO P.O.Box) :		State:	
		Zip Code:	