



Celebrity
Infinity® 7 Nights -- June 7, 2015

The International Institute for Continuing Medical Education, Inc

Cruising with the Masters

FROM GLACIERS TO MAMMOS: A BREAST IMAGING ALASKA ADVENTURE

Michael Linver, MD and Bruce Porter, MD

Cruise Reservation Form

Category  Price _____ Deposit of \$450 per passenger is Required

PLEASE LIST LEGAL NAMES ONLY (Proof of ID required upon check-in at the pier - Valid Passport is required)

1st Passenger _____ Date of Birth _____

2nd Passenger _____ Date of Birth _____

3rd Passenger _____ Date of Birth _____

4th Passenger _____ Date of Birth _____

Address: _____

(List additional addresses on other side of this form)

City: _____ State: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____ Cell: () _____

E-mail: _____ @ _____

US Citizen: Yes ☐ No ☐ if not US Citizen, Country of Citizenship _____

Dining: Early (6:00PM) ☐ Late: (8:30PM) ☐ Celebrity Choice: (Open Seating) ☐

Special Medical, Dietary Needs or Requests: _____

Celebrity Captains Club (Past Passenger) Number: _____

Deposit Amount: _____

MasterCard ☐ Visa ☐ Discover ☐ American Express ☐

Credit Card Number: _____ Exp _____

CID #: _____ **(This is the 3 digit number on the back of your card on the strip where you sign after the last 4 digits of your**

Name on Card: _____

I authorize Cruise Brothers to use this card for payment toward the sailing referenced above.

Make Checks payable to Cruise Brothers

Signature of Cardholder

Bob Newman at CruiseBrothers.com

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East Providence, RI 02914

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