



2011 Intent to Cruise Agreement

Payment Authorization:

I, _____, authorize Travel Leaders to charge my credit card, # _____ exp. ____/____ Security code _____ in the amount of \$ _____, (see initial deposit amounts listed below) for one cabin on the **February 27th, 2011 Seven Day Barefoot Cruise**. I understand each month an additional \$ _____ (minimum of \$100.00 per cabin) will be charged until the balance is paid in full. Please indicate category of cabin desired. **Note: Double Occupancy is required.**

_____ **Inside 4C \$499.00 per person** _____ **Ocean View 6C \$599.00 per person** _____ **Ocean View Balcony 8B \$749.00 per person**
\$100.00 initial deposit per cabin \$150.00 initial deposit per cabin \$200.00 initial deposit per cabin

Note: All Gov't Fees & Taxes, Training & Materials, Private Receptions & Group Photo Session included in this price.

Priority Stateroom Cabin Assignment:

This allows the selection of the best possible stateroom, starting from mid ship. When your total combined monthly payments equal \$500.00 per cabin, your Priority Stateroom Assignment is chosen. **For Priority Placement Plus admission to our extra V.I.P. Leadership Training with David Wood, check yes and your initial deposit will be changed to \$500.00 per cabin. Yes**
Note: Both occupants of a cabin are eligible to attend the V.I.P Training if cabin deposit totals \$500 by October 31st, 2010.

Cancellation Policy:

I understand that all **cruise payments are 100% refundable**, with no cancellation fee, if notice is received in writing by Travel Leaders **prior to December 1, 2010**. If no cancellation is requested prior to this date, I authorize Travel Leaders to charge the balance due, after deducting all payments made on the above credit card.

Hold Two Extra Cabins:

You can secure up to two additional cabins in each category for someone in your team by agreeing to an additional 1 time deposit. **These cabins will then be held for you to assign a member of your team until November 1st, 2010**, when the names and a total deposit of \$500 per cabin is required. If no names and balance of the deposit is provided, 100% of your deposit will be refunded and the cabin(s) released back to us. Please indicate below which type of cabin(s) and how many in each category.

_____ **Inside 4C \$499.00** _____ **Ocean View 6C \$599.00** _____ **Ocean View Balcony 8B \$749.00**
\$100.00 initial one time deposit per cabin \$150.00 initial one time deposit per cabin \$200.00 initial one time deposit per cabin
Note: No monthly payments required *Note: No monthly payments required* *Note: No monthly payments required*

Please **print** the name, as it appears on your credit card and the billing address:

Name: _____ Isagenix ID# _____ Date: _____
Address: _____ Signed: _____

Note: A copy of this agreement and a Cruise Information Packet will be mailed to you after registration of your information.

Pre-Cruise Information

1. Legal Name: _____ Birth Date: _____ Phone: _____
(Name as it is listed on your PASSPORT)

Mailing Address: _____
Street City St Zip/Postal Code
E-Mail Address: _____ (required – Carnival will be issuing electronic documents)

2. Legal Name: _____ Birth Date: _____ Phone: _____
(Name as it is listed on your PASSPORT)

Mailing Address: _____
Street City St Zip/Postal Code
E-Mail Address: _____ (required – Carnival will be issuing electronic documents)

Note: Valid Passports are required for all passengers. For your convenience, Carnival will automatically charge the gratuities for dining and stateroom staff to your onboard Sail & Sign account at \$10 per person per day. Transportation vouchers from airport to ship and return after cruise are available from Carnival for \$26 per person one way. Travel Insurance is available from Travel Leaders. Call for price quotes if interested. Carnival does reserve the right to re-instate the fuel supplement for guests at up to \$9 per person per day if the NYMEX oil price exceeds \$70 per barrel. Note: Guest Trainers are subject to change without notice.

Travel Leaders
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