



2012 Intent to Cruise Agreement

Hosted by Randall & Betsy Burt
Independent Isagenix Executives



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 25th, 2012 Seven Day Caribbean Barefoot Cruise. I understand each month an additional \$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 4B \$649.00 per person* Ocean View 6B \$749.00 per person* Ocean View Balcony 8B \$1099.00 per person*
\$250.00 initial deposit per cabin \$250.00 initial deposit per cabin \$250.00 initial deposit per cabin

Note: All Gov't Fees & Taxes, Training & Materials, Receptions & Group Photo Session is included.

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 Now, check yes and your initial deposit will be changed to \$500.00 per cabin. Yes []

Recognition Information:

Please print your recognition names. Note: Names may be different than your legal names on your Passport.

1. Recognition Name: _____ Isagenix Enrollment Date: _____ Highest Rank: _____
2. Recognition Name: _____ Isagenix Enrollment Date: _____ Highest Rank: _____

Pre-Cruise Information

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

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

Note: Travel Leaders will email a confirmation receipt after each payment is processed. Please provide valid email address.

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)

Cancellation Policy:

I understand that all cruise payments are refundable, minus a \$25 administrative fee per person, if notice is received in writing by Travel Leaders prior to September 1st, 2011. If no cancellation is requested prior to this date, I authorize Travel Leaders to continue charging the minimum monthly deposit until balance is paid in full. Any unpaid balance is due by December 1st, 2011.

Travel Insurance:

Note: Cancellation fee from September 1st to November 30th 2011 is 50% of all deposits. After December 1st, 2011 Carnival's cancellation fee can be as high as 100% except for Travel Insurance. Call Travel Leaders within 14 days of initial deposit if you have any concerns about a possible medical or other unexpected cancellation.

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 \$16 per person one way. 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. Guest Trainers and special pricing are subject to change without notice.

Travel Leaders
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