

Cruise Package Quotation Form

Agent: _____ Invoice: _____ Date: _____

GUEST PERSONAL INFORMATION					
Language: <input type="checkbox"/> English <input type="checkbox"/> Cantonese <input type="checkbox"/> Mandarin				Bus Pick-up location (if applicable): _____	
	Title	Last Name	Given Name (as appeared on passport)	Date of Birth (DDMMYY)	Cruise line Membership#
Guest 1:					
Guest 2:					
Guest 3:					
Guest 4:					

CONTACT INFORMATION	SPECIAL REQUEST												
Address: _____ City: _____ Province: _____ Postal Code: _____ Phone: _____ Mobile: _____ E-mail: _____ <input type="checkbox"/> <i>Agree to receive promotional e-mails from New Pioneer Travel</i> Alternative Address: (if different from the above) Address: _____ City: _____ Province: _____ Postal Code: _____ Phone: _____ Mobile: _____ E-mail: _____ <input type="checkbox"/> <i>Agree to receive promotional e-mails from New Pioneer Travel</i> Emergency Contact: Name: _____ Relationship: _____ Phone: _____	<table style="width: 100%;"> <tr> <td style="width: 50%;">Dining Option:</td> <td>Early / Late / Anytime</td> </tr> <tr> <td>Table Size:</td> <td></td> </tr> <tr> <td>Bedding:</td> <td></td> </tr> <tr> <td>Celebration:</td> <td></td> </tr> <tr> <td>Remark:</td> <td></td> </tr> <tr> <td colspan="2"> Pre-cruise: <input type="checkbox"/> Yes <input type="checkbox"/> No Excursion: <input type="checkbox"/> Yes <input type="checkbox"/> No Post-cruise: <input type="checkbox"/> Yes <input type="checkbox"/> No Remark: _____ _____ Travel Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No Note: _____ </td> </tr> </table>	Dining Option:	Early / Late / Anytime	Table Size:		Bedding:		Celebration:		Remark:		Pre-cruise: <input type="checkbox"/> Yes <input type="checkbox"/> No Excursion: <input type="checkbox"/> Yes <input type="checkbox"/> No Post-cruise: <input type="checkbox"/> Yes <input type="checkbox"/> No Remark: _____ _____ Travel Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No Note: _____	
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OFFICE USE ONLY:

Sailing Date: _____ Cruise Line: _____ Ship: _____ Itinerary: _____ Booking # _____

CAT	Cruise	Port	Gov.	Fuel	Trsf	Air	Air TX	Dev.	Air TTL	Package

Payment

Deposit Amount _____ Cheq. # _____
 Credit Card # _____
 Expiry Date _____ CC# _____
 Holder Name _____

Payment

Deposit Amount _____ Cheq. # _____
 Credit Card # _____
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REMARK: _____