

BENEFITING



Hospice of Central Pennsylvania

Cruise to the Mediterranean
on board

Celebrity Cruises' *Celebrity Constellation*

October 15-23, 2010

Your Mediterranean cruise includes:

- ❖ Round trip motorcoach transportation between Camp Hill and Newark airport, including driver gratuities
- ❖ Round trip air transportation between Newark and Barcelona, Spain
- ❖ Round trip airport/pier transfers in Barcelona
- ❖ Seven (7) nights accommodations onboard the *Celebrity Constellation*
- ❖ All included meals and entertainment while onboard the *Celebrity Constellation*
- ❖ Air and cruise taxes, current air fuel surcharges and government fees (*subject to change*)

Cruise Itinerary

DAY	PORT OF CALL	ARRIVE	DEPART
October 15	Depart US for Barcelona		PM
October 16	Barcelona, Spain		6:00 PM
October 17	Nice (Villefranche), France	10:00 AM	8:00 PM
October 18	Genoa, Italy	7:00 AM	7:00 PM
October 19	Florence/Pisa (Livorno) Italy	7:00 AM	7:00 PM
October 20	Rome (Civitavecchia), Italy	7:00 AM	7:00 PM
October 21	Naples/Capri, Italy	7:00 AM	7:00 PM
October 22	At Sea		
October 23	Barcelona, Spain	6:00 AM	

*** All itineraries are subject to change at the discretion of the cruise line***

Fundraiser Amenity

\$100 per Stateroom

(All fundraising proceeds will benefit Hospice of Central Pennsylvania)

COST PER PERSON* (Double Occupancy)

Cat. 10 Interior	Cat. 9 Interior	Cat. 7 Oceanview	Cat. 2C Balcony
\$1,962	\$1,982	\$2,232	\$2,572

* All rates and categories are subject to availability at time of booking.



Hospice of Central PA is a 501(c)(3) non-profit organization. The official registration and financial information of Hospice of Central PA may be obtained from the PA Dept. of State by calling toll free, within PA, 1-800-732-0999. Registration does not imply endorsement.

General Terms and Conditions

RESERVATIONS: A \$250 deposit per person will be necessary to secure your cabin space. Single occupancy cabins will require a \$500 deposit per person at time of booking. The balance would be due to us by July 18, 2010. Rates and cabins are subject to availability at time of deposit. All itineraries are subject to change at any time without notice at the discretion of the cruise line. **AIR SEATS:** Quoted air rates are estimated based on 2009 rates and are subject to increase once 2010 rates are published. Once air space becomes available, an additional deposit will be required and additional penalties may apply.

PAYMENTS: You may charge any portion or the entire amount on your Boscov's Charge, MasterCard or Visa. If paying by check, make it payable to Boscov's Travel.

GUARANTEE OF CRUISE RATES: Celebrity Cruises reserves the right to increase all prices that appear in this brochure without notice. Cruise taxes, and government fees are subject to change/increase at any time without notice at the discretion of the cruise line. **Celebrity Cruises reserves the right to re-instate the fuel supplement for all guests up to \$10 per person per day should the price of West Texas Intermediate fuel exceed \$65 per barrel.** All increases would be the responsibility of the tour participant and must be paid in full prior to departure. Reservations paid in full at time of increase/change would not be exempted. Failure to pay these charges would result in denied boarding/travel.

SHIPBOARD GRATUITIES: Customary shipboard gratuities of **\$11.50 per person per day** are automatically billed to the cabin at the end of the cruise and are **not** included in this per person rate.

MOTORCOACH TRANSPORTATION: Deluxe motorcoach transportation between Camp Hill and Newark Airport, includes driver gratuities, and is based on a minimum of 30 full paying persons booked for the motorcoach. Should the numbers be less, the rate per person is subject to increase.

FUNDRAISER AMENITY: Fundraiser amenity is based on a minimum of 8 fully paid cabins at double occupancy. **CANCELLATION:** Cancellations result in a costly process involving telephone calls, correspondence, record adjustments, refund checks, etc.; therefore, an administrative fee of \$25.00 per person plus any non-recoverable costs will be assessed. For cancellations made between 67 and 30 days prior to sailing, an additional \$250 per person penalty will apply. Cancellations made 29 days or less prior to departure or "No shows" will receive **NO REFUND**.

TRAVEL INSURANCE: Trip cancellation insurance is highly recommended but NOT included in the price quoted. For more information, please contact Jessie Sanders at Boscov's Travel, Camp Hill: 717-938-6127.

TRAVEL DOCUMENTS: All United States citizens must carry a **VALID U.S. PASSPORT** with expiration date **AT LEAST 6 MONTHS** beyond the last day of travel. If you don't have a passport, contact **Jessie Sanders at 717-938-6127** for information on how to apply for one. **NOTE:** Due to airline security measures, your passport name **MUST** match your airline ticket name and your cruise reservation name or you may be denied aircraft/cruise ship boarding. **IMPORTANT:** We recommend that our clients traveling abroad take a photocopy of their passport. It should be packed separately from your actual passport. We also recommend leaving a copy at home with your emergency contact.

Reservation Coupon

PROG #6781

CODE: EURP

Send to: Jessie Sanders, Boscov's Travel, Camp Hill Shopping Mall, 32nd & Trindle Road, Camp Hill, PA 17011. For further information call Jessie at 717-938-6127 or email at jsanders@boscovs.com.

____ I would like to join friends and neighbors who support Hospice of Central PA onboard Celebrity Cruises' *Celebrity Constellation* October 15-23, 2010.

My deposit of \$250 per person is enclosed for ____ # of person(s).

____ I wish to use my Boscov's Charge # _____

____ I wish to use my MC / VISA Charge # _____ EXP: _____

Due to security requirements, any name changes or corrections after documents are issued will incur a change fee.

Legal Name (s) _____ / _____

PLEASE LIST LEGAL NAMES AS THEY APPEAR ON YOUR PASSPORT

Passport numbers _____ Name on Passport _____ Date of Expiration _____

Passport numbers _____ Name on Passport _____ Date of Expiration _____

Street Address _____ City _____ State _____ Zip _____

Home phone () _____ Work phone () _____

Category Selected _____ Rate per Person _____ Email Address _____

Sharing cabin with _____

Birth dates _____ / _____ Captain's Club / Crown & Anchor Number(s) _____ / _____

Would You Like Insurance? ____ Yes ____ No (**Cost of Insurance NOT included in deposit amount above**)

Cruise Dining: I would like to dine with _____

Dining time: Main ____ or 2nd ____ (Dining room is non smoking)

Special requests: (Wheelchairs, special services, diet, etc...) _____

Are all passengers U.S. Citizens? ____ Yes ____ No. If no, what nationality _____

Emergency Contact Name _____ Relationship _____ Phone _____

IMPORTANT: I have read and agree to the above terms and conditions of the operator/ participant agreement and I authorize the use of my credit card if indicated as form of payment. **051909av**

Signature

Date