



NORWEGIAN CRUISE LINE

**12-Night Baltic Capitals Round-trip London
July 9 – July 21, 2009
from London (Dover), England
On Norwegian Jewel**

Price Per Person			
	Inside	Oceanview	Balcony Cabin
1st & 2nd passengers	\$ 1,630.10	\$ 2,080.10	\$ 2,580.10
3rd & 4th passengers	from \$ 958.10	from \$ 958.10	from \$ 958.10

Initial deposit \$500.00 per person is due immediately. Balance in full is due by April 15, 2009.

Prices Based on Double Occupancy and are per person. Includes: Cruise, Cabin, Meals, Nightly Entertainment on board, Port Charges, Taxes, Fuel Surcharges, and Government Fees. London to Dover Transfers are \$80.00 per person each way. (Airfare Additional Fee).

***** MUST HAVE VALID PASSPORT *****

Cancellation/Sickness Insurance is strongly recommended and can be purchased starting at \$109.00 per person.

Gratuities can be prepaid. The recommended amount of \$10.00 per day per person.

Package Itinerary

Port of Call	Voyage Date	Arrive Time	Depart Time
LONDON (DOVER), ENGLAND	7/9/2009		4:00 p.m.
FUN DAY AT SEA	7/10/2009		
COPENHAGEN, DENMARK	7/11/2009	9:00 a.m.	6:00 p.m.
BERLIN (WARNEMUNDE), GERMANY	7/12/2009	7:30 a.m.	10:00 p.m.
FUN DAY AT SEA	7/13/2009		
TALLINN, ESTONIA	7/14/2009	9:00 a.m.	5:30 p.m.
ST. PETERSBURG, RUSSIA	7/15/2009	8:00 a.m.	
ST. PETERSBURG, RUSSIA	7/16/2009		7:00 p.m.
HELSINKI, FINLAND	7/17/2009	8:00 a.m.	5:30 p.m.
STOCKHOLM, SWEDEN	7/18/2009	8:00 a.m.	4:00 p.m.
FUN DAY AT SEA	7/19/2009		
FUN DAY AT SEA	7/20/2009		
LONDON (DOVER), ENGLAND	7/21/2009	5:00 a.m.	

Discount Travel
2000 E. Lamar Blvd. #600 * Arlington, TX 76006
Ph: 817-303-2100 * Eml: anittman@flashwave.com



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PASSENGER SIGN-UP AND PAYMENT FORM

Complete the section below and fax or mail it to us for immediate processing.

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Phone: 817-303-2100 ** Fax: 817-860-1276 ** apittman@flashwave.com

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TRAVELER #1:

Circle One: **Inside Cabin** **Ocean View** **Balcony** Date of Cruise: 7/9/2009
Name: _____ Date of Birth: _____
Address: _____ City: _____ State: ____ Zip: _____
Phone: _____ Email: _____ Fax: _____
Circle Payment Method: Check VISA MasterCard AmEx Discover Amount: _____
Credit Card Number: _____ Expires: _____
Signature: _____

TRAVELER #2:

Circle One: **Inside Cabin** **Ocean View** **Balcony** Date of Cruise: 7/9/2009
Name: _____ Date of Birth: _____
Address: _____ City: _____ State: ____ Zip: _____
Phone: _____ Email: _____ Fax: _____
Circle Payment Method: Check VISA MasterCard AmEx Discover Amount: _____
Credit Card Number: _____ Expires: _____
Signature: _____