

RETURN REGISTRATION FORM OR CALL TODAY – BOOK EARLY FOR BEST STATEROOM SELECTION!

Professional Education Society and The Yachts of Seabourn

Bali & The Exotic Isles ~ March 15- 25, 2013

Family and Friends are invited to join you on this adventure!

Mail or Fax Registration Form To:

Professional Education Society
1885 S Pueblo Blvd, Pueblo CO 81005
Fax: 303-679-7384



For Travel Information Contact:

Bekki Betts ~ Travel Coordinator
877-PES-7005 (878-737-7005)
Or Email: bekki@pestravel.com

Passenger Name (as it appears on passport): _____	Travel Companion Name (as it appears on passport): _____
DOB: _____	DOB: _____
Occupation/Specialty: _____	Occupation/Specialty: _____
Name Badge Preference: _____	Name Badge Preference: _____
Address: _____	City: _____
State/Province: _____	Postal Code: _____
Home Phone: _____	Country: _____
Office: _____	Cell: _____
Email(s): _____	

Choice of Stateroom Category: _____ Type of Fare: _____

Air is not included (please select from the following options):

I plan to make my own air arrangements and will notify PES of my air schedule prior to purchase to verify appropriate arrival and departure times.

I would like assistance making air arrangements. I would like to fly out of _____

Class: _____ Preferred Airline: _____

Are you a repeat PES Traveler? _____ How did you hear about PES? _____

PLEASE RESERVE SPACE ON THE FOLLOWING:

Cruise: 25% per person deposit for _____ persons	\$ _____
\$495 Professional Seminar Fee: \$200 per person deposit for _____ persons	\$ _____
\$295 Non-Professional Seminar Fee: \$200 per person deposit for _____ persons	\$ _____
TOTAL	\$ _____

CHECK payable to "Professional Education Society" or **CREDIT CARD** (VISA • MasterCard • American Express)

Reservations are subject to availability of a first come, first served basis.

Authorization to use credit card: I accept the Terms and Conditions, Cancellation and Refund Policy and authorize Global Tracks and Celebrity Cruises to use my credit card for payment in the amount stated and for any additional charges on this credit card for Cruise Fares, Port Taxes, Seminar Fees, Insurance Premiums and Associated Costs.

Credit Card No: _____ **Type:** _____ **Exp. Date:** _____ **CID:** _____ **Today's Date:** _____

Name on Card: _____ **Signature:** _____

Billing Address (if different from above): _____

Travel Insurance is highly recommended: Information and application will be sent with deposit confirmation

FINAL PAYMENT IS DUE BY December 7, 2012

Referrals: If you have colleagues, friends or family who would be interested in joining future trips, please fill out the information below and we will add them to our mailing list. If your referral books a trip we will send you \$100 as a token of our appreciation.

Name: _____ Email: _____

Mailing Address: _____

Name: _____ Email: _____

Mailing Address: _____

