

THE AESTHETIC CRUISE 2024

July 11-23, 2024

OCEANIA CRUISES — Vista



OCEANIA CRUISES® VISTA Cruise Reservation Form

Category _____ Price _____ **20% of cruise fare deposit is required**
25% of cruise fare for all SUITES

PLEASE LIST LEGAL NAMES ONLY (Proof of ID required upon check-in at the pier - Valid Passport is required)

1st Passenger _____ Date of Birth _____
2nd Passenger _____ Date of Birth _____
3rd Passenger _____ Date of Birth _____
4th Passenger _____ Date of Birth _____

Address: _____

(List additional addresses on other side of this form)

City: _____ State: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____ Cell: () _____

E-mail: _____

US Citizen: Yes _____ No _____ if not US Citizen, Country of Citizenship _____

Dining: **Open Seating**

Special Medical, Dietary Needs or Requests: _____

Deposit Amount: _____ **Cruise Privileges Program**
American Express Platinum ____ **Centurion** ____

MasterCard ____ Visa ____ Discover ____ American Express ____

Credit Card Number: _____ Exp _____

CID #: _____ **(This is the security code on your credit card)**

Name on Card: _____

I authorize Cruise Brothers to use this card for payment toward the sailing referenced above.

Make Checks payable to Cruise Brothers

Signature of Cardholder



Bob Newman at Cruise Brothers

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Warwick, RI 02886

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