AMCO Distributor: Store#: City: Booking#:_____

ARMSTRONG McCALL's 7th ANNUAL
"HAIR SHOW AT SEA" February 28th – March 7th, 2010
7 Days on Carnival's "Conquest" Departing Galveston, TX

Your Personal Information

Full Legal Name: (As on Passport) *Please Print Clearly*

Mr./Mrs./Ms._____

Prof. Lic.#: _____ ☐ Cosmetologist ☐ Manicurist ☐ Barber ☐ Esthetician

Cell#:_____

DOB: _____ **Age:** ____ **US Citizen Yes**___ **No**___

E-Mail: _____

Home Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____

Salon Name: _____

Salon Phone #:_____

Rooming With: _____**DOB:**___

Rooming With: _____**DOB:**___

Emergency Contact:_____

You MUST have a VALID email address to Register Carnival will be issuing all E-Tickets for your group. We will also send you updates and reminders via email.

Due Dates: INITIAL DEPOSIT OF $100.00 DUE UPON SIGN-UP

Suites, Triples & Quads, require a $250.00 deposit per person.
$100.00 of Deposit is Non-Refundable from this time forward

1st Payment — $150.00 ……..Due: July 1st, 2009
15% Cancellation fee of total cabin cost incurred from this date forward.

2nd Payment — $150.00 ……..Due: Aug. 5th, 2009
25% Cancellation fee of total cabin cost incurred from this date forward.

3rd Payment — $150.00……..Due: Sept. 30th, 2009
50% Cancellation fee of total cabin cost incurred from this date forward.

FINAL PAYMENT DUE …….. Due: Dec. 4th, 2009
NO REFUNDS AFTER THIS DATE

Please fill out form Completely

Cabin Category # _____ (Type #)		$ _____
Port & Taxes/per person	$210.00	$ **210.00**
Gratuities/ per person	$70.00	$ **70.00**
Insurance	$79.00	$ _____

(Ins. must be purchased separately and Paid in Full at time of Registration.
Insurance for Balconies and Suites may be at a higher rate as price is based on total cost of your trip.)
** I decline to purchase insurance._____(check line if you do NOT want Insurance.)

Total Cost **$** _____

Please send all checks, money orders or cashier's checks to the Travel Agency address listed below. A $25.00 fee will be applied to your bill for all Returned checks. You may fax credit card payments on this form to 972-929-0290.

You may contact: Tauni or Rick Alltop at the agency
972-929-0289 or email at: rick@smartpricetravel.com

Cabin Category Desired

Inside Cabin	Outside Cabin
4B - $460.00	6B- $580.00
4C - $480.00	6C- $590.00
3rd/4th— $200.00	3rd/4th—$230.00
Balcony Cabin	**Jr. Suite**
8B - $750.00	11 - $1380.00
8C - $770.00	3rd/4th—$380.00
3rd/4th— $280.00	

***Triple and Quad cabins are available on request and subject to availability. First 2 in cabin are priced at the Full Rate. Only 3/4 are reduced. **Triple & Quad cabins are NOT larger and will require you to climb up into a bunk bed.** ***Please Note:** Prices are per person, based on double occupancy. A **single rate** will be double the cruise portion for the cabin. *** **Any passengers under the age of 21, must be in a cabin with someone who is 25 years or older.** ***

Please Read the Terms and Conditions:

I acknowledge that I have read this registration form completely and the information that I provided is accurate. $100.00 of the initial deposit is non-refundable. Name changes are allowed and are subject to a fee depending on the change date. I understand that if my roommate cancels, I will be responsible to find another roommate or cover the entire cost of cabin. Smart Price Travel, & Carnival Cruise Lines, reserves the right to cancel any guest who fails to comply with the payment schedule and the cancellation fee will be charged according to the cancellation schedule outlined on this form. A late fee of $50.00 will be accessed to any account owing a balance after the final payment date. If fuel costs rise above $70.00 per barrel, Carnival reserves the right to charge a Fuel Supplement.

A valid Passport is required to travel.

Your Initials _____ indicates that you have read and accepted the terms and conditions.
This is required to register.

Dining Preference:

Late___ **(8:30)** **Early** ___ **(6:15)**

IMPORTANT – All payments MUST be received by "Smart Price Travel" on or before the payment due date to avoid a late fee of 25.00.

Payment Method

_____ I will use check, money order or cashier's check
_____ Charge all payments to my credit card on each due date
_____ Charge my card for the full payment
_____ My payment will be made on someone else's card
_____ Charge my card for myself and the following:

_____DOB: _____
_____DOB: _____
_____DOB: _____

Card Holder Name: _____

Card Number: _____

Billing Address for card: _____

City, State, Zip: _____

Billing Phone: _____**Exp. Date:** _____ **Code:**_____

I authorize Carnival and/or Smart Price Travel to charge my card for myself and the additional guests I'm paying for:

Signature _____