

TRAVEL REGISTRATION
THE ADRIATIC & MEDITERRANEAN EXPERIENCE
 With Governor Mike Huckabee
 November 5 - 14, 2025

Passenger Names: _____ **Departure City Airport** _____ **Today's Date:** _____
Name: (As it appears on Passport) _____ Sex: Male Female
 Preferred Name (Nametag): _____
 Address: _____ City: _____
 State: _____ Zip Code: _____ Phone: _____ Cell Phone: _____
 Email: _____ Roommate: _____
 Passport Number _____ Birthdate _____ State of Birth _____
 Passport Issue Date _____ Passport Expiration Date _____ Place of Issue(Authority) _____
 Emergency Contact: _____ Relationship: _____ Phone: _____
 Alternate Phone: _____ **Travel Protection:** Accept Decline

Name: (As it appears on Passport) _____ Sex: Male Female
 Preferred Name (Nametag): _____
 Address: _____ City: _____
 State: _____ Zip Code: _____ Phone: _____ Cell Phone: _____
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 Passport Number _____ Birthdate _____ State of Birth _____
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 Emergency Contact: _____ Relationship: _____ Phone: _____
 Alternate Phone: _____ **Travel Protection:** Accept Decline

Rates Per Person Double Occupancy From NY

V1 Vista Suite	*\$6,299.00
CV Classic Veranda Suite	*\$7,099.00
SV Superior Veranda Suite	*\$7,299.00
DX Deluxe Veranda Suite	*\$7,399.00
MX Medallion Suite SOLD OUT!	*\$8,999.00
S1 Silver Suite	*\$10,599.00
R1 Royal Suite	*\$12,599.00

Stateroom Selection

____ 1st Choice
 ____ 2nd Choice
 (Required: Only used if
 1st choice is unavailable.)

Optional Travel Protection Plan

Trip Cost	Plan Cost
\$ 0 - \$7,000	\$649.00
\$7,001- \$8,000	\$799.00
\$8,001- \$9,000	\$899.00
\$9,001-\$10,000	\$899.00

See brochure for more pricing options.

Call or Click for Domestic airfare from a city near you.

- Please check if you are registering for a Pre/Post Cruise Tour.
- Greece Pre-Tour
- Vienna to Zagreb Pre-Tour
- Egypt Post-Tour
- Morocco Post-Tour

Cost of Cruise _____ @ _____ \$ _____
 Optional Pre-Tour _____ @ _____ \$ _____
 Optional Post-Tour _____ @ _____ \$ _____
 Add On Airfare _____ @ _____ \$ _____
SUB-TOTAL DUE _____ @ _____ \$ _____
Travel Protection _____ @ _____ \$ _____
TOTAL DUE \$ _____

*Rates are based on a per person cash discount of \$295.00 per person. Any credit card charges over \$500.00 results in the loss of the cash discount.

\$750.00 per person Deposit Due with Registration
 2nd deposit of \$1,500.00 per person due March 10, 2025 Full payment is due By May 9, 2025

By signing below, I/We certify that I have read the "Fine Print" he brochure, understand its content, and agree to its terms including but not limited to the potential for price increases that may apply before payment in full has been received as set forth in the "Fine Print" and potential price increases after payment in full has been received due to government-imposed taxes and fees.

Signature _____ Signature _____

Senior Adult Travel Inc. PO Box 142045, Gainesville FL, 32614

For additional information contact: Jerry Nash 352-727-2268 jerry@senioradulttravel.com

Senior Adult Travel Inc. is registered with the State of Florida as a Seller of Travel, Registration Number ST40596.