

**Contact Kathleen**  
**253-630-7755**  
**psj1350@comcast.net**  
**Kathleen@travelcenteru4.com**

**Complete Registration  
and Mail with Deposit to:**

**Kathleen Tansey, CTC, MCC**  
**Priceless Sunsets**  
**20825—142nd Ave SE,**  
**Kent, WA 98042**

Affiliated with Travel Center  
Of Tacoma since 1999



We've Transformed. Formerly Carlson Wagonlit Travel Associates.

FOR CRUISE/TOUR \_\_\_\_\_ DATE \_\_\_\_\_

NAME \_\_\_\_\_ BD \_\_\_/\_\_\_/\_\_\_ Citizen \_\_\_\_\_ Passport # \_\_\_\_\_ EXP \_\_\_/\_\_\_  
Past Pax # \_\_\_\_\_

Roommate \_\_\_\_\_ BD \_\_\_/\_\_\_/\_\_\_ Citizen \_\_\_\_\_ Passport # \_\_\_\_\_ EXP \_\_\_/\_\_\_  
Past Pax # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PHONE # \_\_\_\_\_ Alternate # \_\_\_\_\_

EMAIL \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Number \_\_\_\_\_

Medical/Special Requests \_\_\_\_\_

AIR CITY \_\_\_\_\_ Pre/Post Hotel \_\_\_\_\_

OFFICE	TOUR _____	CRUISE _____
Inside	Window/View	Balcony Suite
Twn	Queen	Triple Quad
Location	_____	
Conf #	_____	
Per	_____	Date ___/___/___
Deposit	_____	Date ___/___/___
Final	_____	Date ___/___/___
Registration Fee	_____	CK/CC _____

DEPOSIT \$ \_\_\_\_\_ CHECK # \_\_\_\_\_ OR CC TYPE \_\_\_\_\_ # \_\_\_\_\_ EXP \_\_\_/\_\_\_

Travel Insurance YES \_\_\_ DECLINED \_\_\_

COST \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE SHOWS ACCEPTANCE OF ALL TERMS DATE \_\_\_\_\_  
As stated in published cancellation policies set by operators & TL-TC