



I am pleased to announce a series of NACOA Seminar At Sea Programs with our partner:
ROYAL CARIBBEAN INTERNATIONAL

3/14/10 – ADVENTURE OF THE SEAS - 7 Night Southern Caribbean R/T
San Juan, Barbados, St. Lucia, Antigua, St. Maarten & St. Croix

T/A rate \$360.00, Guest \$495.00, Single Occup. (T/A Only) \$410.00.

4/12/10 - GRANDEUR OF THE SEAS - 5 Night Western Caribbean R/T Tampa
Costa Maya & Cozumel

T/A rate \$230, Guest \$290.00, Single Occup. (T/A only) \$270.00.

5/03/10 - BRILLIANCE OF THE SEAS - 12 Night Mediterranean Greek Isles
R/T Barcelona, Villefranche (Nice), France, Livorno (Florence/Pisa)
Civitavecchia (Rome) Italy, Piraeus Athens), Greece, Kusadasi (Ephesus)
Turkey, Santorini, Greece, Naples, Capri, Italy

T/A rate \$580.00, Guest \$820.00, Single Occup. (T/A only) \$675.00.

10/10/10 - FREEDOM OF THE SEAS – 7 Night Eastern Caribbean R/T Port
Canaveral, Cococay Bahamas, St. Thomas, St. Maarten

T/A rate \$399.00, Guest \$540.00 Single Occup. (T/A only) \$460.00.

ALL PRICES INCLUDE: Accommodations, meals, onboard entertainment, taxes/service charges, gratuities, cocktail reception and programs.

Cabins are inside.

ALL PAYMENTS MUST BE IN THE FORM OF A CHECK.

PAYABLE & MAILED TO: NACOA
7378 WEST ATLANTIC BLVD. #115
MARGATE, FL 33063

Donna Esposito
President
dkesposito@aol.com

***NACOA invites you to join them for a Seminar At Sea aboard
A ROYAL CARRIBBEAN SHIP***

NAME OF SHIP: _____

DATE OF CRUISE: _____

Sailing includes: All Taxes and Fees, Accommodations **Inside cabin Cat. L**,
Meals, Onboard Entertainment, Cocktail Party, and **Gratuities**

Airfare and transfers to/from ship AGENTS RESPONSIBILITY

**FAX YOUR COMPLETED FORM NO LATER THAN 45 DAYS PRIOR TO SAILING
TO: 1-866-816-7143**

CHECKS ONLY – Made Payable to: NACOA

**MAIL TO: NACOA
7378 W. Atlantic Blvd. #115
Margate, FL 33063**

All confirmations will be in writing. Cabin assignments at cruise lines discretion on a first come basis.
PLEASE TYPE OR PRINT CLEARLY:

Agent Name: _____ E-mail: _____

Passport Number: _____ Citizenship: _____ Date of Birth: _____

Emergency Contact Name: _____ Phone #: _____

Guest/Agent Name: _____ E-mail: _____

Passport Number: _____ Citizenship: _____ Date of Birth: _____

Emergency Contact Name: _____ Phone #: _____

Agency Name: _____ E-mail: _____:

Agency Address: _____

Agency Phone #: _____ Agency FAX#: _____

Refund less a \$25.00 processing fee for cancellations received in writing 45 days prior to cruise - No Refunds Thereafter