

*Christmas is a time to be with Family & Friends sharing love, joy, and peace. It is a time for Families and Friends--near and far--to come together and rejoice!*

*We Invite You and Your Family to create a memorable Christmas 2017!*



*Set sail with us aboard Carnival's Pride Cruise Ship on Sunday, December 17-24, 2017*

**CRUISE ITINERARY**

04:30pm Sun.	Pt. of Baltimore
Mon.	Fun Day at Sea
Tue.	Fun Day at Sea
07:00am Wed.	Orlando, FL
11:00am Thu.	Nassau, Bahamas
07:00am Fri.	Freeport, Bahamas
Sat.	Fun Day at Sea
09:00am Sun.	Baltimore, MD

**CRUISE PACKAGE COST**

Cruise package includes: cruise (port charges & taxes) and prepaid gratuities. Rates are per person and are based on double occupancy.

<u>Cabin Category</u>	<u>Cost</u>
4B - Inside	\$840
8B - Balcon	\$1100

Call for rates for Ocean View and Triple and Quad Staterooms. These staterooms require full deposit of \$250.00 per person at time of booking. Cruise Insurance is available at an additional cost and is highly recommended.

**PAYMENT PLAN**

\$250 Deposit - 9/16/2016  
 \$100 Payment - 1/16/2017  
 \$100 Payment - 4/14/2017  
 \$100 Payment - 7/14/2017  
 FINAL PAYMENT - 9/22/2017

# JOIN US ON A PRE-CHRISTMAS CRUISE December 17-24, 2017

—Enjoy the many activities onboard the Pride. There is something for everyone.



This floating resort offers its guests: Seaside Theatre; Twister Waterslide; many dining options; dance club; comedy club; Casino; several pools; bars; age appropriate kids programs; and so much more.

**Cancellation Policy (penalties are per person & based on the cruise cost):**  
 10/04/2017 - \$250; 10/24/2017 - 50.0%; 11/19/2017 - 75.0%; 12/04/2017 Full Penalty, No Refund.

For additional information, please contact: Vernita A. Grimes, VagCo Meeting and Travel Service: (P) 202-584-3700; (F) 202-584-5202; (E) [vernita@vagco.com](mailto:vernita@vagco.com). Make checks payable to VagCo and mail to: 611 Pennsylvania Ave., SE, #220, Washington, DC 20003. You may email or fax your credit card payments along with the completed reservation form to Vernita.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email Address: \_\_\_\_\_

Cabin: \_\_\_ 4B \_\_\_ 8B Name on Credit Card: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Code: \_\_\_\_\_