

General Grand Chapter
Order of the Eastern Star



OES=



Helping travelers "Pack-up" since 1986

142 East Court Street
Washington Court House, OH 43160

(740) 335-6555
(800) 451-7903

fayettetravel@fayettetravel.com

<http://www.fayettetravel.com>

ORTA 8724001

Wake Forest
Institute for
Regenerative
Medicine

WFIRM +

Imagine

INCLUDED IN YOUR COST:

Accommodations for 7 nights on your Western Caribbean voyage in the stateroom category of your choice

**ENJOY TWO LECTURES
BY NOTED**

**SPEAKERS FROM
WAKE FOREST INSTITUTE FOR
REGENERATIVE MEDICINE**

One hour group cocktail party

Meals onboard The Getaway*

Taxes & Port fees

NOT INCLUDED:

Air Fare, gratuities, insurance

OPTIONAL PACKAGE

One night pre-cruise hotel stay at the Comfort Suites Miami Airport North

Includes: Airport to hotel shuttle; Hotel to cruise port shuttle; Breakfast; Cruise port to airport transfer on January 22, all taxes

**A PORTION OF THE PROCEEDS
WILL BENEFIT THE WORK OF
THE WAKE FOREST
INSTITUTE FOR
REGENERATIVE MEDICINE**

*specialty dining not included

January 15 – 22, 2017

**Norwegian Caribbean Line
Norwegian Getaway**



**Depart Miami
Cruise the Western Caribbean
Ports of call at
Roatan Bay Islands, Honduras
Harvest Caye, Belize
Costa Maya, Mexico
Cozumel, Mexico**

**DON'T MISS THIS OPPORTUNITY
TO CRUISE WITH THE SPECIALISTS**

**ALL PRICES ARE PER
PERSON, BASED ON
DOUBLE OCCUPANCY.**

**INSIDE STATEROOM
\$830**

**OCEAN VIEW STATEROOM
\$1010**

**BALCONY STATEROOM
\$1190**

TRIPLES AND QUADS ARE AVAILABLE.
PLEASE CALL FOR SPECIAL PRICING.

**\$250 DEPOSIT
DUE BY SEPTEMBER 1, 2016
DEPOSIT EARLY TO SECURE
STATEROOM SELECTION**

**FINAL PAYMENT
DUE OCTOBER 10, 2016**

**Thank you
for supporting
The
WFIRM + OES =
IMAGINE
PROJECT**

WFIRM + OES = IMAGINE CRUISE RESERVATION & PAYMENT FORM

\$250 PER PERSON DEPOSIT DUE BY SEPT. 1

**PLEASE RETURN ONE SIGN UP PER PERSON IMMEDIATELY
WITH DEPOSIT TO GUARANTEE YOUR RESERVATION**

The use of passports is highly recommended, although not mandatory. Please provide full legal name as listed on state issued, government identification. Names **MUST** match exactly. **Boarding can be denied if they differ.**

LAST NAME:	SUFFIX:
FIRST & MIDDLE NAMES:	
DATE OF BIRTH: _____ MONTH _____ DAY _____ YEAR	
PASSPORT #	EXPIRE DATE:
NCL LATITUDES NUMBER:	
ADDRESS:	
CITY/STATE/ZIP:	
PHONE:	
EMAIL:	
EMERGENCY CONTACT NAME:	
RELATIONSHIP:	PHONE:
MEDICAL/DIETARY NEEDS:	
SPECIAL REQUESTS:	
SHARING ROOM WITH:	

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SPECIAL REQUESTS:	
SHARING ROOM WITH:	

PAYMENT INFORMATION

PLEASE MAKE CHECKS PAYABLE TO FAYETTE TRAVEL
OR PROVIDE CREDIT CARD INFORMATION & SIGN BELOW

STATEROOM CHOICE (MARK ONE)	
_____ INSIDE _____ OCEANVIEW _____ BALCONY	
CHECK ENCLOSED: CHECK NUMBER _____ AMOUNT \$ _____	
CREDIT CARD NUMBER:	
EXPIRATION:	CVV:
NAME AS ON CARD:	
INSURANCE: INSIDE & OCEANVIEW STATEROOMS \$99 BALCONY STATEROOMS \$109.	
PLEASE INITIAL: _____ ACCEPT _____ DECLINE	
OPTIONAL PRE CRUISE PACKAGE: January 14, 2017 – Includes airport to hotel transfer, accommodations at the Comfort Suites Miami Airport North, breakfast, hotel to cruise port transfer, post cruise transfer to airport, all taxes. \$106.79 per person based on two people sharing a room.	
I AUTHORIZE FAYETTE TRAVEL CENTRE & NORWEGIAN CARIBBEAN LINE TO CHARGE MY CREDIT CARD THE AMOUNT BELOW AND AGREE TO PAY MY CREDIT CARD COMPANY FOR THESE CHARGES.	
AUTHORIZED SIGNATURE:	
CRUISE DEPOSIT DUE \$250.00	
OPTIONAL PRE CRUISE PACKAGE: _____	
INSURANCE AMOUNT: _____	
AMOUNT AUTHORIZED TO CHARGE:	
I AUTHORIZE FAYETTE TRAVEL TO AUTOMATICALLY CHARGE MY CARD ABOVE FOR MY FINAL PAYMENT ON OCTOBER 10, 2016 _____ INITIAL	



Fayette Travel Centre

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