

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

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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