

# MILLER TRAVEL AGENCY

Presents

Royal Caribbean's Explorer of the Seas

## 10 Night Eastern Caribbean Cruise

**DECEMBER 13, 2012 SAIL DATE**

There's never been a cruise ship like this! Enjoy one-of-a-kind features like an ice-skating rink, the Royal Promenade and a rock-climbing wall. Enjoy spectacular buffets and incredible views. Luxuriate in hot rock treatments, facials and massages in the serene spa. Jog your morning mile in the middle of the ocean. Go shopping in the Royal Promenade where you'll find everything from unique jewelry and souvenirs to that toothbrush you forgot. Plus, everything is available tax- and duty-free, with a savings of up to 25% off U.S. retail prices.

### ITINERARY

| DATE             | PORT                         | ARRIVE  | DEPART  |
|------------------|------------------------------|---------|---------|
| December 13      | Cape Liberty, Bayonne, NJ    |         | 5:00 PM |
| December 14      | Cruising                     |         |         |
| December 15      | Cruising                     |         |         |
| December 16      | Cruising                     |         |         |
| December 17      | Philipsburg, St. Marten      | 8:00 AM | 5:00 PM |
| December 18      | Charlotte Amalie, St. Thomas | 8:00 AM | 5:00 PM |
| December 19      | San Juan, Puerto Rico        | 7:00 AM | 1:00 PM |
| December 20      | Labadee, Haiti               | 8:00 AM | 4:00 PM |
| December 21 & 22 | Cruising                     |         |         |
| December 23      | Cape Liberty, Bayonne, NJ    | 8:00 AM |         |

**INSIDE CABIN CATEGORY N**

**OCEAN VIEW CABIN CATEGORY H**

**BALCONY CABIN CATEGORY E2**

**STARTING AT \$913.56 PER PERSON**

**STARTING AT \$1103.56 PER PERSON**

**STARTING AT \$1253.56 PER PERSON**

**BASED ON DOUBLE OCCUPANCY**

**TAXES AND FEES INCLUDED ( SUBJECT TO CHANGE)**

Miller Travel Agency

2595 Route 522 Suite 10, Selinsgrove, Pa 17870  
1.800.936.1959 | local 570.837.0689 or 570.884.3377

[www.millertravelagency.com](http://www.millertravelagency.com)

DECEMBER 13, 2012 SAIL DATE

# 10 Night Eastern Caribbean Cruise

Listed below is your reservation information sheet and registration.

## U.S. ENTRY REQUIREMENTS

A certified copy of your birth certificate and government issued photo ID is required to sail. We strongly recommend that you obtain a valid US Passport.

## DEPOSIT REQUIREMENTS AND FINAL PAYMENT SCHEDULE

\$250 per person due at time of registration to hold your cabin  
\$250 per person is due by December 17, 2011  
Balance is due by August 29, 2012

## CANCELLATION

Cancellation insurance is available at \$149.00 (Balcony), \$129 (Ocean View) and \$99.00 (Inside Cabin) per person.

## CANCELLATION SCHEDULE

450.00 per Guest  
50% per Guest  
75% per Guest  
100% per Guest

## DATE

August 30, 2012  
September 18, 2012  
October 15, 2012  
October 29, 2012

|  |  |               |                             |
|--|--|---------------|-----------------------------|
| <b>Personal Information</b>  |  |               |                             |
| Legal Name   |  | Date of Birth |                             |
| Legal Name   |  | Date of Birth |                             |
| Address  |  |               |                             |
|  |  |               |                             |
| Email  |  | Phone         | Cell Phone                  |
| Emergency Contact  |  |               |                             |
| <b>Cabin Selection</b>   | <b>Category</b>                                  | <b>Price</b>  | <b>Insurance per person</b> |
| Interior   |  |               | \$                          |
| Oceanview  |  |               | \$                          |
| Balcony  |  |               | \$                          |
| <b>Please initial below regarding insurance</b>  |  |               |                             |
| I would like to purchase cancellation insurance. Insurance is payable with deposit       |  |               |                             |
| I would like to decline insurance and understand that full cancellation penalties apply. |  |               |                             |
| <b>Deposit Information</b>   |  |               |                             |
| I will be making my deposit by check in the amount of \$250 per person                   |  |               |                             |
| Make checks payable to:  | Miller Travel Agency                             |               |                             |
| Mailing Address:   | 2595 Route 522 Suite 10<br>Selinsgrove, Pa 17870 |               |                             |
| I will be making my deposit by credit card in the amount of \$250 per person             |  |               |                             |
| Account number   |  |               |                             |
| Expiry Date  |  |               | Security code               |
| Charge my final to this card?  | Yes  | No            |                             |
| <b>Signature</b>   |  |               |                             |

Miller Travel Agency

2595 Route 522 Suite 10, Selinsgrove, Pa 17870  
1.800.936.1959 | local 570.837.0689 or 570.884.3377

www.millertravelagency.com