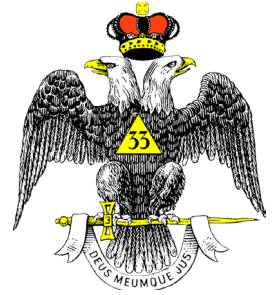


The Michigan Council of Deliberation Presents An Exotic

Western Caribbean Cruise



Aboard the
Carnival Valor
March 4-11, 2012



Your Cruise Vacation Includes

- Seven Nights Aboard Carnival Cruise Line's – Valor
- Seven Days Of Meals, Entertainment, and Fun with your Fellow Scottish Rite Masons
- Private Group Cocktail Party
- Price includes port and government taxes*
- Enjoy...First Run Movies Under The Stars, Dance Club, Casino, Fitness Center, and three Swimming Pools
- Four Fantastic Ports of Call including:

Grand Cayman, Isla Roatan, Belize and Cozumel



Rates Starting From:

\$549.00 *

Per Person, based on double occupancy



To book online: www.ctscentral.net Trip: 9203 Group: 6198

* Taxes and Fees are correct at the time of printing and are subject to change

2012 MI Council of Deliberation Cruise



- Sunday, March 4: Depart Miami, Florida
- Monday, March 5: Fun Day at Sea
- Tuesday, March 6: Grand Cayman 7:00am-4:00pm
- Wednesday, March 7: Isla Roatan 11:00am-6:00pm
- Thursday, March 8: Belize 8:00am-5:00pm
- Friday, March 9: Cozumel 8:00am-5:00pm
- Saturday, March 10: Fun Day at Sea
- Sunday, March 11: Arrive Miami

Tentative Itinerary ~ Subject to Final Confirmation

Stateroom Types

Cruise Pricing From

Interior - Category 4B	\$549.00
Ocean View - Category 6B	\$649.00
Balcony - Category 8B	\$779.00

Call for Single Supplement and 3rd/4th passenger availability
Air Fare to Miami can be requested after March 14, 2011

DOCUMENTATION

**A Valid Passport is required to participate on this Cruise.
MUST have an expiration date AFTER 9/14/2012**

Pricing is per person based on double occupancy and does not include airfare. Price can fluctuate due to fuel surcharges imposed by cruise line or airline.

Other cabin categories available upon request. Cancellation insurance is highly recommended. For optimum insurance coverage, purchase travel insurance from Travel Guard within 14 days of deposit.

Call Corporate Travel Service at 313-565-8888 ext. 158 or ext. 116 for more information.

For information call CORPORATE TRAVEL SERVICE
313.565.8888 Extension 116 or 158

Payment Schedule

Deposit ~ \$50.00 per person
2nd Payment of \$200.00 due 8/26/2011
Balance Due ~ December 1, 2011

To reserve your spot,
send this form and deposit payment to:
Corporate Travel Service
23420 Ford Road, Dearborn Heights, MI 48127

Cancellation Policy

Cancellations must be in writing.
Notice received before:
December 1, 2011 – Will incur a \$50.00 penalty
December 2 – January 10, 2012 - \$250.00 penalty
Cancellations received after January 10, 2012 – No refund

These are penalties based on cruise cancellation.
If airfare is purchased additional penalties apply.
Penalties will be according to the fax or postmark date.

Liability: *In making arrangements for accommodations, meals, transportation, transfers, excursions, sightseeing and other services included in the tour, Corporate Travel Service, Inc., is acting only as an agent for the following suppliers of travel services, i.e. all airlines, all hotels, all ground handlers, all transfer companies, all restaurants, all sightseeing attractions, all entertainment, all bus companies, all museums and all cruise lines and is not liable for any accident, injury, damage, loss, illicit act, delay or other irregularity which may be caused by the defect of any vehicle or the negligence or default of any company or person engaged in conveying the passenger or carrying out the arrangements of this tour.*

Michigan Council of Deliberation Cruise ~ March 4-11, 2012

Legal Name (As it appears on Passport) _____ Phone (____) _____

Address _____ City _____ State _____ Zip _____

Roommate's Legal Name (As it appears on Passport) _____

I prefer: _____ 1st Dining _____ 2nd Dining We wish to be seated with: _____

I have read and accept the conditions regarding cancellation refunds, payments and tour operator's responsibilities.

Signature _____

Deposit Option 1: Please find enclosed a check for \$_____ made payable to: **Corporate Travel Service, Inc.**

Deposit Option 2: Please charge my Visa or MasterCard (Circle one). **Name** (as it appears on Card): _____

Card Number: _____ **Security Code** (on back) _____

Card Expiration Date: _____ **Card Billing Address:** _____