Today's Date: _____

Tour: Jewels of the Rhine
Departure Date: Sep. 24, 2026

Group Name: Carson City Chamber of Commerce
Group Number: _____

For Reservations Contact: Carson City Chamber of Commerce
Ronni Hannaman
775-882-1565
admin@carsoncitychamber.com

Deposit Amount: $400 per person
Travel Protection Plan: ☐ Yes ☐ No
Cruise price up to $5000 $499pp
Cruise price $5001 and up $569pp
Total Amount Enclosed: $_____
Final Payment Due By: June 21, 2026

IMPORTANT: Please print your name EXACTLY as it appears on your passport. We require a copy of your passport within two (2) weeks of making your reservation. Name corrections, after final payment due date or after tickets have been issued, will result in additional fees being assessed.

YOUR INFORMATION

Salutation: ____ (Mr., Mrs., Rev) First: _____ Middle: _____ (Please print EXACTLY as it appears on Passport) Last: _____ Suffix: ____ (Jr., Sr.) Nickname: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Cell: _____ Email Address: _____

Passport Number: _____ Date of Issue: _____ Date of Expiration: _____

Issue City, State, Country: _____ Global Entry/TSA #: _____ Citizenship: _____

Date of Birth: _____ Place of Birth: _____ Gender: ☐ Male ☐ Female

Emergency Contact: _____ Relationship: _____ Phone: _____
Please provide contact information of person not traveling with you.

ROOMING WITH

Salutation: ____ (Mr., Mrs., Rev) First: _____ Middle: _____ (Please print EXACTLY as it appears on Passport) Last: _____ Suffix: ____ (Jr., Sr.) Nickname: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Cell: _____ Email Address: _____

Passport Number: _____ Date of Issue: _____ Date of Expiration: _____

Issue City, State, Country: _____ Global Entry/TSA #: _____ Citizenship: _____

Date of Birth: _____ Place of Birth: _____ Gender: ☐ Male ☐ Female

Emergency Contact: _____ Relationship: _____ Phone: _____
Please provide contact information of person not traveling with you.

Please advise your departure airport for this tour: RNO ☐ Mayflower Air ☐ Writing Own Air

PAYMENT INFORMATION

Make Checks Payable To: Carson City Chamber of Commerce
Mail Deposit To: Carson City Chamber of Commerce
1900 S. Carson St.
Carson City, NV 89701
Mail Final Payment To: *Same as above*

MC, VISA & DISC accepted
Credit Card #: _____
Security Code: _____ Exp. Date: _____
Cardholder Name & Billing Address:

☐ Single ☐ Twin ☐ Guaranteed Share

Stateroom Category

☐ Riviera Deck (CAT E) ☐ Riviera Deck (CAT D)
☐ Vista Deck (CAT C) ☐ Vista Deck (CAT B)
☐ Horizon Deck ☐ Grand Balcony Suite
☐ Owners Suite

We will make every effort to accommodate your preference of cabin category. All cabins are on a first-come, first-serve basis.

Requested cabin #_____ 2nd Preference #_____

☐ One Bed ☐ Two Beds

*Mayflower's Guaranteed Share Program is available on the Riviera, Vista and Horizon Decks standard staterooms only.