



Starting at **\$4,899.00**

14-NIGHT ANTARCTICA CRUISE

Round Trip from Buenos Aires, Argentina

Sunday, January 19 – Sunday, February 2, 2020

ITINERARY:

Sunday, January 19: 5:00PM Depart from Buenos Aires, Argentina
Monday, January 20: At Sea
Tuesday, January 21: At Sea
Wednesday, January 22: At Sea
Thursday, January 23: 8:00AM – 9:00PM Ushuaia, Argentina
Friday, January 24: 6:00AM – 8:00PM Cape Horn, Chile
Saturday, January 25: 11:00AM – 1:00PM Schollart Channel, Argentina
2:00PM – 4:00PM Paradise Bay, Antarctica
5:00PM – 7:00PM Gerlache Strait
Sunday, January 26: 2:00PM – 6:00PM Elephant Island, Antarctica
Monday, January 27: At Sea
Tuesday, January 28: 8:00AM – 5:00PM Port Stanley, Falkland Islands
Wednesday, January 29: At Sea
Thursday, January 30: 7:00AM – 4:30PM Puerto Madryn, Argentina
Friday, January 31: At Sea
Saturday, February 1: 9:00AM – 5:00PM Montevideo, Uruguay
Sunday, February 2: 5:00AM Arrival into Buenos Aires, Argentina

CABIN PRICING PER PERSON*:

Balcony Cat 1B
\$4,899.00

Balcony Cat 2A
\$5,049.00

**Rates are per person, based on double occupancy.*

Cabin categories and prices are subject to availability and are on a first come, first serve basis.

Other cabin categories may be available by request.

Pricing and stateroom availability for 3rd and 4th guests are available upon request.

Prices are subject to change due to fuel charges and other vendor charges.

INCLUSIONS:

14-Night Cruise on *Celebrity Eclipse*
Meals & Entertainment aboard the ship
Port Charges and Departure Taxes
Roundtrip airport/pier transfers in Buenos Aires

****AIRFARE IS NOT INCLUDED**

A valid passport with at least 6 months' validity from scheduled return date is required for each traveler

**For more information or to make a reservation, contact:
Mindy Eveler at mindy@trvltime.com or 717-855-2135**





REGISTRATION FORM

14-Night Antarctica Cruise

January 19 - February 2, 2020

To make your reservation, please complete the information below:

* Required

SECTION 1: TRAVELER INFORMATION

* First Name: _____ * Last Name: _____ * Name on your Passport: _____
 * Nickname: _____ * Passport Number: _____
 * Home Address: _____ * Passport Expiration Date: ____ / ____ / ____
 * City: _____ * State: _____ * Zip Code: _____ * Emergency Contact Name: _____
 * Email Address: _____ * Emergency Contact Phone Number: _____
 * Phone Number: _____ Home / Cell List Medical/Dietary Concerns: _____
 * Gender: _____ * Date of Birth: ____ / ____ / ____ Captain's Club # _____

SECTION 2: GUEST INFORMATION (If NO GUEST, skip to Section 3)

* First Name: _____ * Last Name: _____ * Name on your Passport: _____
 * Nickname: _____ * Passport Number: _____
 * Home Address: (If different from above) _____ * Passport Expiration Date: ____ / ____ / ____
 * City: _____ * State: _____ * Zip Code: _____ * Emergency Contact Name: _____
 * Email Address: _____ * Emergency Contact Phone Number: _____
 * Phone Number: _____ Home / Cell List any Dietary Restrictions: _____
 * Gender: _____ * Date of Birth: ____ / ____ / ____ Captain's Club # _____

SECTION 3: ACCOMMODATIONS & DINING

* What cabin category would you like? Ocean View Category 1B Ocean View Category 2A
 * Please indicate your occupancy: Double Occupancy (Bedding Request: King or 2 Twins) Single Occupancy
 * Please select your Dining Time: 6:00PM 8:30PM Celebrity Select (anytime between 6:00PM and 9:00PM)

SECTION 4: INSURANCE

We strongly recommend purchasing Travel Insurance to cover your investment in case you need to cancel the trip for medical reasons or if the trip is cancelled due to supplier bankruptcies, etc. Insurance must be purchased no later than 14 days after the first deposit has been made. Plan costs are based on total trip cost and age PER PERSON. Insurance is non-refundable and non-transferable. You receive basic coverage in the event of unforeseen trip-related expenses such as: Trip cancellation, interruption and delay; emergency medical treatment or evacuation; Lost, stolen or damaged baggage or travel documents; and baggage delay.

* I choose: (Check One)

To purchase the recommended travel insurance

To decline travel insurance at this time

SECTION 5: PAYMENT

Trip cost is per person, based on double occupancy.
\$450.00 Deposit per person is due with registration.
Final Balance is due by September 20, 2019.

Payment Methods: Check or Credit Card. If you prefer to pay by check, please make it payable to 'Travel Time'.

Enclosed is my check in the amount of \$ _____
 Please charge my credit card \$ _____

Credit Card Holder: _____

Credit Card Number: _____

Expiration Date: ____ / ____ Security Code: _____

* Sign: _____ Date: _____

SECTION 6: CANCELLATION SCHEDULE**

If a reservation is cancelled, the following penalties will be incurred **PER PERSON**. **A \$50 per person administrative fee will be charged in addition to any supplier penalty listed below.**

10/21/2019 or prior: No penalty
 10/22/2019 - 11/5/2019 - 25% of total cost
 11/6/2019 - 11/19/2019 - 50% of total cost
 11/20/2019 - 12/19/2019 - 75% of total cost
 12/20/2019 - day of departure - Nonrefundable
 **Airfare will be nonrefundable at time of purchase

* Please mail your completed form to:

Travel Time Travel Agency

Attn: Mindy Eveler

2474 North George Street

York, PA 17406

Or

Email form to: mindy@trvltime.com