



Join us for a Legendary  
**4<sup>th</sup> of July**  
**BlueBallRoom Cruise**  
**7 Days - Roundtrip New York**  
**"no Fly Vacation"**

**June 30<sup>th</sup> – July 7<sup>th</sup>, 2019**



**QUEEN MARY 2**

**Your 1<sup>st</sup> CLASS CRUISE VACATION INCLUDES:**

- Roundtrip 1<sup>st</sup> Class Private Group Coach transportation from Independence Mall to NYC
- 7-night Luxury class accommodations aboard the luxurious QM2 Ocean Liner
- **ALL** meals, entertainment & room service onboard
- **ALL** taxes, port charges & government fees
- **Gratuities**
- **BlueBallRoom onboard cocktail party**
- **BlueBallRoom exclusive dance events**
  - **"Showcase Exhibitions at Sea" Opportunities**
  - **Group Dance Lessons**
  - **Three Evening Exclusive BlueBallRoom Dances**

Stateroom Options & Description	Based on Two to a Room	Single Room
Inside Stateroom (no window)	\$2622	
Oceanview Stateroom	\$2818*	\$4378
Oceanview w/ Steel Balcony	\$3178	\$4988
Deluxe Oceanview w/ Glass Balcony – Stateroom	\$3328	

*\* Rates are current promotional rate which are capacity controlled. Accent on Travel applies current promotional opportunities - Call to confirm promotion offers at time of inquiry & reservation. **Passport Required for Travel***

**IMPORTANT: SPACE IS LIMITED!**

Reservations are only confirmed with deposits on a first come first served basis!

To RESERVE Call or Send Form to:

**ACCENT ON TRAVEL**

Cruise & Tour Designers

**302-278-6100 or 800-848-3273**

www.AccentOnTravel.US

Email: groups@accentontravel.us



# Custom BlueBallroom Cruise Itinerary

## Day 1/ June 30: Depart for New York, NY, USA

Meet fellow travelers at Independence Mall to enjoy coach transfers of you and your luggage to and back from New York with the group. We will travel together to the NY Port for cruise check-in. Time to meet will be advised closer to departure.

## Day 2/ July 1: At Sea

Enjoy a fun day at sea and a great time ball room dancing with your favorite instructors and friends.

## Day 3/ July 2: Port of Halifax, NS Arrives 07:00 AM Departs 06:30 PM

It's land ashore - A star-shaped fortress welcomes you to this fascinating city. Enjoy one of Cunard's optional tours (not included) or walk around on your own. Our evening plans include a private BlueBallRoom cocktail party prior to dinner this evening.

## Day 4 / July 3rd: At Sea

A fun-filled day of dancing options. We are planning a 'Showcase' onboard event early in the day and our full group Ball Room dance prior to dinner.

## Day 5 / 4<sup>th</sup> of July: Boston, MA, USA Arrives 04:00 AM Departs TBA

What a perfect day to be in Boston to celebrate our nation's birth! Enjoy one of the many optional tours that you will be offered to see this great city or take in Boston 'on your own'. Tonight, Cunard will help you celebrate the 4<sup>th</sup> of July!

## Day 6 / July 5: A Sea Day

Take a day for yourself by exploring Cunard's magnificent spa, library, gym, or take advantage of the private dancing lessons that will be offered with your BlueBallRoom Hosts!

## Day 7 / July 6: Newport, RI Arrives 08:00 AM Departs 06:00 PM

Extravagance is the theme among the fabulous millionaire mansions built in Renaissance, Rococo, French and Victorian style atop Newport's cliffs. Its yacht-filled harbor has hosted the America's Cup. We will be offering as an exclusive option to enjoy the day exploring the mansions with fellow BlueBallRoom travelers! Details and pricing will be available in April. This evening you will be sad to say farewell to a great vacation as you pack for tomorrow's departure.

## Day 8/ July 7: New York, NY – Disembarkation

Your morning group disembarkation will be after breakfast and a private coach will be taking you back to Wilmington in time for a late lunch!

# ACCENT ON TRAVEL

Cruise & Tour Designers

37156 Rehoboth Ave  
Rehoboth Beach, DE 19971  
1601 Concord Pike, Suite 27  
Wilmington, DE 19803

## Join Blueballroom Friends Independence Day Dance Cruise Roundtrip New York Registration Form

For More Information Call:  
302-278-6100 / 800-848-3273  
Email: Groups@accentontravel.us  
Attn: Sofia@accentontravel.us

Enclosed please find my total deposit in the sum of 20% of total trip cost based on double occupancy (call for solo traveler deposit). I understand that my deposit is refundable less a \$150.00 per person cancellation processing fee until February 25<sup>th</sup> 2019 at which time other penalties will be incurred. Travel insurance, which will protect you for cancellation due to covered reasons, is highly advised (7.25% of vacation cost). Please make checks payable to: Accent On Travel or complete the credit card information below.

Please mark your accommodation selection below:

1: Inside Stateroom (no window)  , Oceanview  , Oceanview with Private (Steel) Balcony  ,  
Oceanview with GLASS Balcony  Other requested accommodations including Suites, Singles, Triples: \_\_\_\_\_

**Mr/Mrs/Ms (1)** \_\_\_\_\_  
(FULL name EXACTLY as it appears or **will appear on your** Passport) (Date of Birth) (Nickname)

Address (if not a current Accent On Travel client): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Passport Number (**Not required until final payment**): \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Contact Email Address (Please 'print' to avoid lost travel information) \_\_\_\_\_

Special Requirements (diet, handicap, looking for a single to share) \_\_\_\_\_

Occasion:  Birthday \_\_\_\_\_  Anniversary \_\_\_\_\_  Other \_\_\_\_\_

**Name of sharing rooms with someone living in a different household:** \_\_\_\_\_

**Emergency Contact: Name** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

I AM A SINGLE TRAVELER AND AWARE OF A SINGLE SUPPLEMENT as quoted.  I am looking to share

**2<sup>nd</sup> Person (in room) Mr/Mrs/Ms** \_\_\_\_\_  
(Name EXACTLY as it appears **or will appear** on your Passport) (Date of Birth) (Nickname)

Address: SAME AS ABOVE \_\_\_\_\_

Address: REGISTERED SEPARATELY \_\_\_\_\_

Passport Number: (**Not required until final payment**): \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Contact Email Address (Please print to be included in trip updates) \_\_\_\_\_

Special Requirements (diet, handicap) \_\_\_\_\_

Occasion:  Birthday \_\_\_\_\_  Anniversary \_\_\_\_\_  Other \_\_\_\_\_

**Emergency Contact: Name** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Is anyone a past passenger of Cunard Cruise Lines (please give us your past client number):** \_\_\_\_\_

**Form of Payment:**  Check  Credit Card # \_\_\_\_\_ Expires \_\_\_\_\_

**Name on Card** \_\_\_\_\_ **Security Code:** \_\_\_\_\_

**CANCELLATIONS AFTER FINAL PAYMENT CARRY UP TO 100% PENALTIES. (Signature required on back of this page)**  
**WE STRONGLY RECOMMEND THE PURCHASE OF MEDICAL TRAVEL INSURANCE.**  
**SIGNATURE ON BACK REQUIRED TO COMPLETE REGISTRATION**

## CONDITIONS - CANCELLATION FEES AND PENALTIES

Notification of cancellation must be made to Accent On Travel group department located: 37156 Rehoboth Avenue, Rehoboth Beach, DE 19971 or by calling the group department at 302-278-6100. Passenger or immediate family is responsible to file with the insurance company to claim information for refund of cancellation penalties. The cost of insurance is non-refundable.

Cancellation schedule & Fees:

Deposit date to February 25<sup>th</sup> 2019- \$150 Per Person

February 26<sup>th</sup> through final payment date- Full Deposit plus \$150 per person processing fee

Final payment through travel dates- %100 of vacation cost.

**Travel Insurance Premium Information:** Refunds are available for cancellations due to covered medical reasons when insurance is purchased through reliable travel insurance companies. These reputable companies offer insurance that both provides excellent coverage even when the covered medical reason might be a **pre-existing conditions** as well as refund of out of pocket expenses while traveling (each insurance company stipulations outlined in their policy and brochure). You, the passenger, or your immediate family is responsible to file a claim with the insurance company to receive your refund of cancellation penalties for covered reasons from the insurance company. The cost of insurance is not a refundable or reimbursable item but may be able to be transferred to another purchase if the trip is cancelled without the insurance being used.

### THE INSURANCE INFORMATION WILL BE FORWARDED TO YOU WITH RECEIPT OF DEPOSIT

#### Accent On Travel Disclosure and Consent Form

I will review my receipt, invoice, and travel documents for accuracy upon receipt and understand that I must contact Accent On Travel within 5 business days with any discrepancies. I understand that purchases involve restrictions and that changing any aspect of my travel arrangements may result in additional fees being applied to my purchase.

I understand that the Transportation Security Administration (TSA) requires me to carry a government issued identification card in order to board a flight. I have been advised that the name, date of birth and gender that appears on the identification card must exactly match the same such data that is listed on my airline ticket and in my booking records. I acknowledge that my failure to strictly comply with these requirements may result in denied boarding or an undue delay at an airport security checkpoint causing me to miss my flight.

I understand that if traveling internationally, I must have a valid passport with an expiration date at least six months beyond my planned return travel date and depending upon my destination and nationality, I may need to obtain one or more visas. Note to Client: Passport and visa information may be obtained by contacting the Travel Advisory Section of the U.S. State Department at 202.647.5225 or by visiting the State Department's Web site at [travel.state.gov](http://travel.state.gov). Non-U.S. passport holders should be sure to contact the embassies of their destination and transit countries to obtain entrance requirements. To obtain medical information, you may contact the Centers for Disease Control at 404.332.4559 or visit the CDC's Web site at [www.cdc.gov](http://www.cdc.gov).

I understand that Accent On Travel is not the source or supplier of the travel services I have requested, and acts solely as an agent for the actual suppliers of such services. I have been advised that the suppliers whose names appear in the information supplied to me are those who are actually responsible for providing the travel services I have purchased. I consent to and request the use of those suppliers and agree not to hold Accent On Travel responsible should any of these suppliers: 1) fail to provide the travel services I have purchased; 2) fail to comply with any applicable law; or 3) engage in any negligent act or omission that causes me any sort of injury, damage, delay or inconvenience.

I accept that Accent On Travel is not responsible for, nor will I attempt to hold it liable for, any injury, damage or loss I may suffer on account of any conditions, actions or omissions that are beyond its reasonable control.

Accent On Travel makes every effort to honor the package price quoted originally; however, under certain circumstances your price may be subject to increase prior to full payment due to an increase in the cost of one or more of the travel components in your package. Prices will not increase after you make full payment, except for any increase in government-imposed taxes or fees. By signing below, you expressly acknowledge your acceptance of these conditions applicable to your purchase. You have the option to pay in full at the time of deposit to avoid increases in the purchase.

I understand that I may purchase travel insurance to cover certain risks inherent in travel such as supplier bankruptcy and the inability to travel due to a medical or personal emergency. Please check and initial your acceptance or refusal of travel insurance below.

**YES** – I would like to purchase travel insurance (current rate is 6.5% of vacation costs) which can reimburse me for emergencies while traveling, emergency returns to the states, & refund my travel purchase if I have to cancel for covered reasons.

**NO** - I accept responsibility for any out of pocket expenses and cancellation fees that may arise that would normally be reimbursable through the offered travel insurance purchase. I decline cancellation and travel emergency insurance.

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_