

# DIAKON LIVING & LEARNING AFTER 50 CRUISE 2015

onboard Norwegian Cruise Line's **NORWEGIAN GEM**

**SATURDAY September 26 TO SATURDAY October 3, 2015**

## Your Canada & New England Cruise Includes:

- Round trip motorcoach transportation from Pottsville to the Manhattan Cruise Terminal in New York City (including driver gratuities)
- Seven (7) Nights' accommodations onboard **NORWEGIAN CRUISE LINE'S NORWEGIAN GEM** (including taxes, fees and port expenses – subject to change at the discretion of the cruise line)
- All included meals and entertainment while onboard **NORWEGIAN CRUISE LINE'S NORWEGIAN GEM**

## Your Canada & New England Cruise Itinerary:

Day	Port of Call	Arrive	Depart
September 26	New York City, New York		4:00PM
September 27	<b>Day at Sea</b>		
September 28	Saint John, New Brunswick	7:00AM	4:00PM
September 29	Halifax, Nova Scotia	9:00AM	6:00PM
September 30	Portland, Maine	10:00AM	6:00PM
October 1	Bar Harbor, Maine	8:00AM	5:00PM
October 2	<b>Day at Sea</b>		
October 3	New York City, New York	8:00AM	

\*\*\*All itineraries are subject to change without notice.\*\*\*



**NCL NORWEGIAN**  
CRUISE LINE®

## Rate Per Person\*

CATEGORY ID  
(INSIDE)  
**\$851.00**

CATEGORY OA  
(OCEANVIEW)  
**\$1,084.00**

CATEGORY BA  
(BALCONY)  
**\$1,401.00**

\*Rate based on double occupancy.  
All rates and categories are subject to  
availability at time of booking.

## Diakon Fundraiser

**A PORTION OF THE  
PROCEEDS WILL BENEFIT  
DIAKON LIVING AND  
LEARNING OVER 50**

## Optional Group Insurance

Deluxe comprehensive trip and  
medical protection plan:

\$95 pp ~ Categories ID & OA  
\$115 pp ~ Category BA  
(Double Occupancy)

*(Optional insurance must be purchased  
with deposit and is non-refundable)*

**General Terms and Conditions**

**RESERVATIONS:** A deposit of **\$250 per person (\$500 per person for SINGLE OCCUPANCY accommodations)**, along with **NAMES & DATES OF BIRTH** will be necessary in order to secure your cabin. Any cabins requiring triple and/or quad occupancy will require the full deposit of **\$250 per person**, along with **FULL LEGAL NAMES & DATES OF BIRTH**. Triple and Quad occupancy cabins are based on availability at time of booking as these cabins are very limited in number. The balance will be due to us by **JUNE 26, 2015**.

**PAYMENTS:** You may charge any portion or the entire amount to your Boscov's Charge, MasterCard or Visa. If paying by check, make it payable to **Boscov's Travel**. **GUARANTEE OF RATES:** All rates and space are subject to availability at time of booking. Cruise Taxes and Fees are subject to change/increase at any time without notice at the discretion of the cruise line. All increases would be the responsibility of the tour participant and must be paid in full prior to departure. Reservations paid in full at time of increase/change would not be exempted. Failure to pay these charges would result in denied boarding/travel.

**MOTORCOACH TRANSPORTATION TO NEW YORK CITY CRUISE TERMINAL:**

Roundtrip motorcoach transportation to the Manhattan Cruise Terminal in New York City, New York is included in the cost as listed on this flyer, is based on a minimum of 30 full paying passengers and includes driver's gratuities. If this minimum is not met, the cost is subject to increase. **DIAKON LIVING AND LEARNING OVER 50 FUNDRAISER:** A portion of the proceeds will benefit Diakon Living and Learning Over 50.

**GRATUITIES:** Prepaid shipboard gratuities, in the amount of \$12 per person per day **ARE NOT INCLUDED** in the rates listed on this flyer and will automatically be charged to your shipboard account at the end of your voyage. Shipboard gratuities are subject to change at any time and without notice at the discretion of the cruise line.

**CANCELLATION:** Cancellations result in a costly process involving telephone calls, correspondence, record adjustments, refund checks, etc.; therefore, an administrative fee of **\$25.00 per person** will be assessed. **IN ADDITION**, for cancellations made between 75 days and 56 days prior to sailing, an additional **\$250 per person** penalty will apply. For cancellations made between 55 days and 30 days prior to sailing, **50% of the tour cost** will be assessed. For cancellations made between 29 days and 15 days prior to sailing, **75% of the tour cost** will be assessed. Cancellations made 14 days or less prior to sailing will receive **NO REFUND**.

**ADDITIONAL INFORMATION:** A full description of Norwegian Cruise Lines' Terms & Conditions is found in the Norwegian Cruise Lines brochure, which is available at any Boscov's Travelcenter. **WORLDWIDE TRIP PROTECTOR PLAN (GROUP PLAN):** The Deluxe Comprehensive Trip and Medical Protection Plan is **OPTIONAL** and **NOT** included in the rates listed on this flyer.

Coverage includes the following: Trip Cancellation up to the Trip Cost; Trip interruption up to 150% of the trip cost; Cancel for Work Reasons up to the Trip Cost; \$750 for Trip Delay (\$150/day); \$50,000 for Emergency Accident and Sickness Medical Expense; \$250,000 for Emergency Evacuation/Repatriation of Remains; \$25,000 for Accidental Death and Dismemberment; \$1,500 for Baggage and Personal Effects; \$400 for Baggage Delay. **Group Insurance Plan is based on a minimum of 10 full paying participants. If less than 10 people purchase the insurance, the cost of the premium is subject to increase. Payment of premium must be made at time of initial deposit and is non-refundable. See attached list of Limitations & Exclusions**

**TRAVEL DOCUMENTS:** All United States citizens must carry a **VALID U.S. PASSPORT** with expiration date **AT LEAST 6 MONTHS** beyond the last day of travel. If you don't have a passport, contact Denise Spayd or Maureen Bologna at **570-628-5790** for information on how to apply for one. **NOTE:** Due to travel security measures, your passport name **MUST** match your cruise line ticket name or you will be denied boarding. **IMPORTANT:** We recommend that our clients traveling abroad take a photocopy of their passport. It should be packed separately from your actual passport. We also recommend leaving a copy at home with your emergency contact.

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**Reservation Coupon**

**Booking Code: CANP**

Send to: **ATTN: Denise Spayd or Maureen Bologna, Boscov's Travel Pottsville, 7290 Fairlane Village, Pottsville, PA 17901. For more information, call Denise or Maureen at 570.628.5790 or email at bostravpottsville@boscovs.com**

\_\_\_\_\_ I would like to join **DIAKON LIVING AND LEARNING AFTER 50** onboard Norwegian Cruise Line's **NORWEGIAN GEM** sailing to **CANADA & NEW ENGLAND, SEPTEMBER 26 ~ OCTOBER 3, 2015**.

\_\_\_\_\_ My **FULL** deposit of **\$250 per person** is enclosed for \_\_\_\_\_ # of person(s). [**\$500 per person for Single Occupancy**]

\_\_\_\_\_ I wish to add **OPTIONAL TRIP CANCELLATION INSURANCE** (\_\_\_\_\_ **\$95 pp for Categories ID & OA;** \_\_\_\_\_ **\$115 pp for Category BA**)  
(Rates are per person, based on double occupancy and are non-refundable once purchased)

\_\_\_\_\_ I **DECLINE** Trip Cancellation Insurance \_\_\_\_\_ Initials \_\_\_\_\_ Date

**Due to security requirements any name changes after documents are issued will incur a change fee.**

**FULL LEGAL NAME (S) MUST BE LISTED EXACTLY AS THEY APPEAR ON YOUR PASSPORT INCLUDING MIDDLE NAMES AND/OR INITIALS**

#1 First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

#2 First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone ( ) \_\_\_\_\_ Cell phone ( ) \_\_\_\_\_ Email Address \_\_\_\_\_

Category Selected \_\_\_\_\_ Rate per Person \_\_\_\_\_ Norwegian Latitudes #'(s) \_\_\_\_\_ / \_\_\_\_\_

Cruise Dining: **DINING ONBOARD NORWEGIAN CRUISE LINE'S IS FREESTYLE**

Special requests: (Wheelchairs, special services, diet, etc...) \_\_\_\_\_

#1 Passport Number \_\_\_\_\_ Name on Passport \_\_\_\_\_ Date of Expiration \_\_\_\_\_

#2 Passport Number \_\_\_\_\_ Name on Passport \_\_\_\_\_ Date of Expiration \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**IMPORTANT: I have read and agree to the above terms and conditions of the operator participant agreement and I authorize the use of my credit card if indicated as form of payment.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_ I wish to use my **BOSCOV'S CHARGE\*\* #** \_\_\_\_\_ **I would like the 12 Months No Interest** \_\_\_\_\_

**\*\* SPECIAL FINANCING OFFER AVAILABLE ON YOUR BOSCOV'S CREDIT CARD. Please see your Boscov's Travel Agent for details.**

\_\_\_\_\_ I wish to use my **MASTERCARD/VISA #** \_\_\_\_\_ **EXP:** \_\_\_\_\_ **Security Code:** \_\_\_\_\_

\_\_\_\_\_ I wish to pay by **CHECK** - please make it out to **BOSCOV'S TRAVEL** **CHECK #** \_\_\_\_\_

Administered by



**Quality Protection Worldwide**

**For questions or to report a claim, contact:**

**Travel Insured International, Inc.**

**P.O. Box 6503**

**Glastonbury, CT 06033-6503**

**Customer Care-800-243-3174**

### **GENERAL LIMITATIONS AND EXCLUSIONS**

Benefits are not payable for Sickness, Injuries or losses of You, Your Family Member, Your Traveling Companion or Your Traveling Companion's Family Member, or Your Business Partner:

1. resulting from suicide, attempted suicide or any intentionally self-inflicted injury while sane or insane (in Missouri, sane only);
2. resulting from an act of declared or undeclared war;
3. while participating in maneuvers or training exercises of an armed service;
4. while riding, driving or participating in races, or speed or endurance contests;
5. while mountaineering (engaging in the sport of scaling mountains generally requiring the use of picks, ropes, or other special equipment);
6. while participating as a member of a team in an organized sporting competition;
7. while participating in skydiving, hang gliding, bungee cord jumping, scuba diving or deep sea diving;
8. while piloting or learning to pilot or acting as a member of the crew of any aircraft;
9. received as a result or consequence of being Intoxicated, as specifically defined in the policy, or under the influence of any controlled substance unless administered on the advice of a Legally Qualified Physician;
10. to which a contributory cause was the commission of or attempt to commit a felony or being engaged in an illegal occupation;
11. due to normal childbirth, normal pregnancy through the first 9 months of pregnancy or voluntarily induced abortion (except as specifically provided under Trip Cancellation/Trip Interruption);
12. for dental treatment (except as coverage is otherwise specifically provided herein);
13. which exceed the Maximum Benefit Amount for each attached coverage as shown in the Schedule of Coverage : or;
14. due to a Pre-existing Condition, as defined in the Policy. The Pre-existing Condition Limitation does not apply to: (a) Emergency Medical Evacuation, Medical Repatriation and Return of Remains coverage; or (b) to coverage purchased prior to Your final Trip payment for the full non refundable trip cost, You are not disabled from travel at the time You pay the premium and the booking for the Trip is the first and only booking for this travel period and destination.

The following limitation applies to Trip Cancellation: All cancellations must be reported directly to the Travel Supplier within 72 hours of the event causing the need to cancel, unless the event prevents it, and then as soon as is reasonably possible. If the cancellation is not reported within the specified 72 hour period, the Company will not pay for additional charges, which would not have, been incurred had You notified the Travel Supplier in the specified period. If the event prevents You from reporting the cancellation, the 72-hour notice requirement does not apply; however, You must, if requested, provide proof that said event prevented him or her from reporting the cancellation within the specified period.