



TRAVEL PROFESSIONAL REDUCED RATE REQUEST

Name of Agency: _____ Agent: _____ Date: _____

Agency Address: _____ City: _____ State: _____ Zip: _____

Telephone Number: _____ Email: _____

Caribbean	Deck 2	Deck 3	Deck 4	Mediterranean	Deck 2	Deck 3	Deck 4	Transatlantic	Deck 2	Deck 3	Deck 4
Agent*	\$214	\$257	\$286	Agent*	\$243	\$286	\$314	Agent*	\$140	\$160	\$180
Companion*	\$271	\$314	\$343	Companion*	\$286	\$343	\$371	Companion*	\$140	\$160	\$180

*Rates are in US Dollars. Rates are per day per person based on double occupancy. Singles will be accepted at 200%. Valid on select voyages only. Government, Port, Document Issuance, handling & service fees are additional and not included in the fares listed above. They are listed in the corresponding voyage on our website at www.seadream.com. Rates are not pro-rated. Rates subject to change and based on availability. SeaDream Revenue Management approval required.

Complete this form, sign & submit form with a copy of your IATA or CLIA card
via scan and email: info@SeaDream.com

Voyages Requested: (requests are processed 60-30 Days prior to requested date of travel, but ultimately at SeaDream's Discretion.)

Option 1: Yacht: _____ Voyage # _____ Date: _____

Option 2: Yacht: _____ Voyage # _____ Date: _____

Name of Guest 1: _____ Name of Guest 2: _____

Voyage Fare	\$ _____
Government, Port, Handling & Service Fees	\$ _____
Total Due: \$ _____	

Although SEADREAM YACHT CLUB will endeavor to fully confirm and honor my reduced rate, I hereby acknowledge that in consideration for receiving a reduced rate I will be subject to space availability and SEADREAM reserves the right to cancel my reservation or transfer my booking for any reason whatsoever. While I reserve the option to pay full tariff to maintain my reservation, I fully acknowledge that in the event of any cancellation, SEADREAM shall only be responsible for returning monies received towards this voyage and bears no responsibility whatsoever for any payment(s) or deposit(s) towards hotels, transfers, airfare, insurance or other non-yacht tariff expenses whatsoever that I may incur. SEADREAM is pleased to extend you this special agency reduced rate opportunity. By signing this request, you agree (if confirmed) to not disclose the nature of this reduced fare booking with the public and especially with any fellow guests on your voyage, and furthermore understand that soliciting business from any guests during your voyage is strictly prohibited, and may result in removal from the yacht with no refund for unused fare & expenses or ability to enjoy these benefits in the future.

Acknowledged & Agreed: _____ Date: _____

FULL PAYMENT IS DUE WITHIN 24 HOURS OF CONFIRMATION. PAYMENT INFORMATION REQUIRED AT TIME OF SUBMISSION.

Credit Card Type: _____ Card #: _____ Expiration Date: _____

Name of Card Holder: _____

Billing Address of Card Holder: _____

(For internal use only)
SEADREAM APPROVAL: _____

All requests must be approved by Revenue Management or CEO

Inventory Control: _____
Reservation # _____