



International Barter Exchange, Inc.

Profit Through the Power of Exchange

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CRUISE RESERVATION CONFIRMATION

COMPANY NAME: _____ IBETM ACCOUNT NUMBER: _____

RESERVATION NAME(S): _____
(As they appear on passport)

SHIP NAME & COMPANY: _____ # OF DAYS: _____

DEPARTURE INFORMATION:	RETURN INFORMATION:
DATE: _____ TIME: _____	DATE: _____ TIME: _____
DEPARTING FROM: _____	RETURNING TO: _____

ITINERARY: _____

OF ROOMS: _____ # OF ADULTS: _____ # OF CHILDREN: _____ TYPE: _____

CATEGORY: _____ CABIN: INSIDE OUTSIDE VIEW: _____

TABLE FOR: _____
NON-SMOKING SMOKING DINING TIME: _____

SPECIAL INSTRUCTIONS/REQUIREMENTS: _____

CRUISE RATE: _____ PER PERSON
TOTAL BARTER AMOUNT \$ _____

IBETM PERCENTAGE \$ _____ PAID BY: _____

PORT CHARGES, TAXES AND OTHER INCIDENTALS MUST BE PAID IN CASH