



Relax in St Maarten

October 21 – 26, 2010

Prepare to be mesmerized with the beauty of *St Maarten*, where turquoise water, tropical flowers, and relaxation are at your beckon call.

Sonesta Maho Resort & Casino, our home base, is a lush tropical paradise nestled on the southwest shore of St Maarten. Its *All-Inclusive* program offers sports and beach activities for all ages and abilities. Other optional services include a full service spa, fitness center, and casino.

Nature provides a colorful tropical caribbean island filled with friendly residents and cultures from Dutch & French heritage. *Sonesta Maho* adds its signature level of *Superior* service and you provide the people to enjoy it --- it's a great combination.

- FIVE NIGHTS AT SONESTA MAHO BEEACH RESORT & CASINO, ST. MAARTEN.
- ROUND TRIP AIRFARE (*ADDITIONAL AIRLINE FEES MAY APPLY UPON CHECK-IN*)
- ROUND TRIP AIRPORT TRANSFERS, TAXES, AND LUGGAGE HANDLING.
- ALL-INCLUSIVE HOTEL PROGRAM.
- ALL MEALS AND DRINKS AT THE HOTEL INCLUDING ALCOHOLIC BEVERAGES.
- ONE EVENING OF DINE AROUND IN MAHO PLAZA.
- ONE NIGHT OF DINING AT THE POINTE RESTAURANT.
- ALL HOTEL TAXES AND GRATUITIES.
- COMPLIMENTARY USE OF MINI-SURFBOARDS AND SNORKELING EQUIPMENT.
- COMPLIMENTARY TENNIS, FITNESS CENTER, AND TRANSFERS TO ORIENT BEACH.
- 20% DISCOUNT ON SPA SERVICES FOR OUR GROUP
- \$20.00 MATCH PLAY COUPON DAILY PER ROOM.
- EXCLUSIVE WELCOME & FAREWELL COCKTAIL RECEPTIONS.
- OPTIONAL TOUR ASSISTANCE.
- SUPERIOR'S TRAVEL PACKET INCLUDING FLIGHT BAG, LUGGAGE TAGS, ETC.

TOTAL PACKAGE PER PERSON (Based On Double Occupancy)

	(# Of People)	=	(Extended)
SPECIAL IF RESERVED BY MARCH 1, 2010	\$1950 x _____	=	\$ _____
SUPPLEMENT FOR SINGLE OCCUPANCY (ADD)	\$ 800 x _____	=	\$ _____
3 rd OR 4 th CHILD 12 AND OLDER SHARING ROOM W/ TWO ADULTS	\$ 1675 x _____	=	\$ _____
3 rd OR 4 th CHILD 12 AND UNDER SHARING ROOM W/ TWO ADULTS	\$ 1350 x _____	=	\$ _____
			TOTAL AMOUNT \$ _____

CANCELLATION POLICY:

CANCEL BY MAR 10, 2010	FULL REFUND LESS \$500 PER TRIP RESERVED
CANCEL BY JUNE 1, 2010	FULL REFUND LESS \$1000 PER TRIP RESERVED
CANCEL AFTER JUNE 1, 2010	REFUNDS ARE NOT AVAILABLE

PLEASE RESERVE _____ TRIPS AND _____ ROOMS FOR OUR COMPANY. ENCLOSED IS MY INITIAL DEPOSIT OF \$500 PER PERSON. THE BALANCE WILL BE DIVIDED UP BETWEEN THE REMAINING MONTHS WITH AUGUST, 2010 BEING THE FINAL INVOICE. **PAYMENT TERMS ARE NET 30 DAYS. FINAL PAYMENT MUST BE RECEIVED PRIOR TO TRIP.**

AUTHORIZED SIGNATURE

COMPANY

DATE

PLEASE COMPLETE TRAVEL PROFILE FORM ON THE BACK AND RETURN ALONG WITH LEGIBLE COPIES OF PASSPORTS BY MAIL TO:

**Superior Equipment Sales, Inc
808 Live Oak Drive
Chesapeake, VA 23320**

(VALID PASSORTS ARE REQUIRED FOR THIS TRIP)

808 Live Oak Drive, Chesapeake, Virginia 23320 • (757)420-4253 • Fax (757)963-5311



TRAVEL PROFILE
(ONE TO BE FILLED OUT FOR EACH TRAVELER)
"Relax In St Maarten"
October 21 -26, 2010

Traveler's **COMPLETE LEGAL** Name: _____
Home Address (No PO Boxes): _____ City: _____ State: ____ Zip: _____
Home Phone: _____ Mobile Phone: _____ Home E-Mail: _____
Business or Employer's Name: _____
Business Phone: _____ Business Fax: _____ Work E-Mail: _____
Special Requirements: _____ Assistance (Wheel Chair, etc.) _____
Special Occasions: Birthday _____ Anniversary _____

* **THE FOLLOWING INFORMATION SHOULD BE WRITTEN EXACTLY AS IT APPEARS ON YOUR PASSPORT** *

*Name as it appears on Passport: _____ *Country of Citizenship: _____
*Passport # (or date applied): _____ *Exp Date: _____ *Date of Birth: _____ *Place of Birth: _____

Emergency Contact Name (Not going on trip)

Name: _____ Relationship _____ Phone Number: _____

*FOR YOUR SECURITY, **A PASSPORT IS REQUIRED** TO TRAVEL ON THIS TRIP *
PLEASE FORWARD A LEGIBLE COPY OF YOUR PASSPORT(S) WITH THIS PROFILE

(Please complete this portion for any person or persons traveling with you)

Traveler's **COMPLETE LEGAL** Name: _____
Home Address (No PO Boxes): _____ City: _____ State: ____ Zip: _____
Home Phone: _____ Mobile Phone: _____ Home E-Mail: _____
Business or Employer's Name: _____
Business Phone: _____ Business Fax: _____ Work E-Mail: _____
Special Requirements: _____ Assistance (Wheel Chair, etc.) _____
Special Occasions: Birthday _____ Anniversary _____

* **THE FOLLOWING INFORMATION SHOULD BE WRITTEN EXACTLY AS IT APPEARS ON YOUR PASSPORT** *

*Name as it appears on Passport: _____ *Country of Citizenship: _____
*Passport # (or date applied): _____ *Exp Date: _____ *Date of Birth: _____ *Place of Birth: _____

Emergency Contact Name (Not going on trip)

Name: _____ Relationship _____ Phone Number: _____

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