



**JOIN PASR ON A PANAMA CANAL CRUISE
 ONBOARD HOLLAND AMERICA LINES' ms ZAANDAM
 Friday, March 3 – Saturday, March 18, 2023**

YOUR PANAMA CANAL CRUISE INCLUDES

- **Round trip air transportation** to Fort Lauderdale, FL and from San Diego, CA (*including air taxes, government fees and fuel surcharges – subject to change at the discretion of the airline)
- **Round trip transfers** in Fort Lauderdale and San Diego, CA
- **One (1) night pre-cruise hotel accommodations** in Fort Lauderdale, FL
- **Fourteen (14) nights' accommodations** onboard Holland America Lines' ms Zaandam
- **All included meals and entertainment** while onboard Holland America Lines' ms Zaandam
- **Prepaid Shipboard Gratuities** – onboard for restaurant & stateroom services
- **\$50 Onboard Credit Per Person, Single or Double Occupancy Guest**
- **One (1) Hour Cocktail Party with Hot Hors D'oeuvres**

YOUR PANAMA CANAL CRUISE ITINERARY

Day	Port of Call	Arrive	Depart
March 3	Fort Lauderdale, Florida (pre-night hotel)		Overnight
March 4	Fort Lauderdale, Florida (embarkation)		4:00 pm
March 5	Day at Sea		
March 6	Day at Sea		
March 7	Cartagena, Colombia	7:00 am	1:00 pm
March 8	Cruising the Panama Canal	5:00 am	7:00 pm
March 9	Day at Sea		
March 10	Puerto Caldera (Puntarenas), Costa Rica	7:00 am	5:00 pm
March 11	Corinto, Nicaragua	9:00 am	5:00 pm
March 12	Puerto Quetzal, Guatemala	8:00 am	6:00 pm
March 13	Huatulco, Mexico	1:00 pm	7:00 pm
March 14	Day at Sea		
March 15	Puerto Vallarta, Mexico	10:00 am	8:00 pm
March 16	Day at Sea		
March 17	Day at Sea		
March 18	San Diego, California	7:00 am	

All itineraries are subject to change without notice.

**With Roundtrip Air Transportation
 from Philadelphia**

Inside Staterooms
 From \$3,615

Oceanview Staterooms
 From \$3,815

Veranda Staterooms
 From \$5,715

**With Roundtrip Air Transportation
 from Pittsburgh**

Inside Staterooms
 From \$3,701

Oceanview Staterooms
 From \$3,901

Veranda Staterooms
 From \$5,801

**All rates are per person based on double occupancy.
 All categories are subject to availability at the time of booking**

**HOLLAND AMERICA PROMOTION
 "HAVE IT ALL"***

**PROMOTION RATE: \$50 per person per day
 (\$700 per person total)**

- Surf Wi-Fi Package
- Signature Beverage Package
- One (1) night Specialty Dining Voucher
- \$200 Shore Excursion Credit Voucher

*Promotion inclusions are per person. All persons sharing the same cabin must purchase the package. Terms and Conditions apply.

PROMOTION EXPIRES DECEMBER 31, 2022

SPECIAL FINANCING AVAILABLE ~ with your Boscov's Credit Card.
 See your Boscov's Travel Advisor for details.

General Terms and Conditions

RESERVATIONS: A deposit of **\$700 per person** will be necessary in order to secure your cabin and air space. The balance will be due to us by **Wednesday, November 23, 2022.**

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 space is subject to availability at time of booking. Cruise taxes, port expenses and government fees are subject to change at any time without notice at the discretion of the cruise line. All increases would be the responsibility of the cruise tour participant and must be paid in full prior to departure. Reservations paid in full at time of increase/change would not be exempt. Failure to pay these charges would result in denied boarding/travel.

AIR TRANSPORTATION TO FORT LAUDERDALE, FL AND FROM SAN DIEGO, CA: Air transportation to Fort Lauderdale, FL and from San Diego, CA is included in the rates as listed on this flyer, and includes air taxes, government fees and current fuel surcharges – subject to change at the discretion of the airline.

GRATUITIES: Prepaid shipboard gratuities, for restaurant and stateroom services, in the amount of **\$15.50 per person per day** **ARE** included in the rates listed on this flyer. Shipboard gratuities are subject to increase at the discretion of the cruise line.

CANCELLATION: Cancellations made between **90 days and 76 days** prior to sailing, **\$700 per person** will be assessed in addition to any non-refundable costs, including air. For cancellations made between **75 days and 61 days** prior to sailing, **50% of the total tour cost** will be assessed in addition to any non-refundable costs, including air. For cancellations made between **60 days and 31 days** prior to sailing, **75% of the total tour cost** will be assessed in addition to any non-refundable costs, including air.

Cancellations made **30 days or less** prior to sailing and/or **"NO SHOWS"** will receive **NO REFUND.**

Travel Protection Plans are available to cover penalties for cancellations due to covered reasons.

OPTIONAL TRAVEL PROTECTION PLAN: Please refer to the Travel Protection Pricing Grid attached to this flyer.

PROTOCOLS: Travel protocols are put in place for the safety and well-being of all clients. The protocols may make things look different and some activities or attractions may have restrictions. These protocols are subject to change and additional protocols may be added at any time.

RESPONSIBILITIES: Boscov's Travel, Inc. acts solely in the capacity of agent on behalf of its patrons, arranging transportation, accommodations, sightseeing, and other services, and, as such is not responsible for damage, loss, delay, injury, accidents, epidemics, pandemics, the spread of infectious diseases, quarantines or any other circumstances beyond our control or any act or default on the part of any company or person engaged in providing transportation, accommodations, sightseeing, or other services which are part of this tour.

LIABILITIES: Boscov's Travel expressly reserves the right to withdraw any tour or make any change in the tour that may become necessary, with or without prior notice. No carrier with whom transportation shall be arranged in connection with the tour shall have or incur any responsibility to any person taking the tour except its liability as a common carrier. Neither the cruise line, tour operator, motorcoach company, airline nor Boscov's Travel shall be held liable for the loss of any property or valuables left onboard.

Furthermore, anything left on board shall be considered left at the owner's risk. No employee of the cruise line, tour operator, motorcoach company, airline or Boscov's Travel may say anything to alter the liability of the foregoing for the cruise line, tour operator, motorcoach company, airline or Boscov's Travel.

TRAVEL DOCUMENTS: All United States citizens must carry a **VALID U.S. PASSPORT** with expiration date **AT LEAST SIX (6) MONTHS** beyond the last day of travel. If you don't have a passport, contact your Boscov's Travel Advisor for information on how to apply for one. **NOTE:** Due to cruise line security measures, your passport name **MUST** match your cruise line ticket and airline ticket name or you may be denied boarding.



BOSCOV'S TRIP PROTECTOR

TRAVEL PROTECTION PLAN

Trip Name: PASR on Panama Canal
Holland America line

Trip Dates: March 3rd to March 18th, 2023

SCHEDULE OF INSURANCE COVERAGE AND OTHER NON-INSURANCE SERVICES

<u>Benefit</u>	<u>Maximum Benefit Amount</u>
Trip Cancellation**	Trip Cost*
Trip Interruption**	150% of Trip Cost*
Trip Delay – 6 hours	\$750 (\$150/day)
Single Supplement	Included
Missed Tour or Cruise Connection – 3 hours	\$300
Medical Evacuation and Repatriation of Remains	\$150,000
Political or Security Evacuation and Natural Disaster Evacuation	\$150,000
Travel Inconvenience	\$500 (\$100 per inconvenience)
Baggage and Personal Effects	\$1,000
Baggage Delay – 24 hours	\$250
Emergency Accident & Sickness Medical Expense	\$50,000
Optional Cancel for Any Reason (CFAR)***	75% of Trip Cost*
Non-Insurance Worldwide Emergency Assistance Services	Included

* Up to the lesser of the Trip Cost paid or the limit of coverage on the confirmation of coverage.

** For \$0 Trip Cost, there is no Trip Cancellation and Trip Interruption is limited to \$500 return air only

*** CFAR coverage is up to 75% of the prepaid, nonrefundable trip cost (subject to \$20,000 maximum). CFAR is optional and available for purchase at the individual level. Trip cancellation must be 48 hours or more prior to scheduled departure. CFAR is available if purchased at the time of original plan purchase and within 14 days of the date your initial deposit for your trip is received. For \$0 Trip Cost there is no CFAR. **This benefit is not available to residents of New York State.** This Cancel for Any Reason Benefit does not cover penalties associated with any air or other Travel Arrangements not provided by Travel Supplier or the failure of Travel Supplier to provide the bargained-for Travel Arrangements due to cessation of operations for any reason.

PLAN COST PER PERSON

Age of Traveler

Trip Cost	0-50	51-60	61-70	71-80	81-120
\$3,615.00	\$200.63	\$273.40	\$351.45	\$474.94	\$779.18
\$3,815.00	\$211.73	\$288.53	\$370.89	\$501.21	\$822.29
\$5,715.00	\$399.65	\$544.58	\$700.09	\$946.06	\$1,552.08
\$3,701.00	\$205.41	\$279.91	\$359.81	\$486.24	\$797.71
\$3,901.00	\$216.51	\$295.03	\$379.26	\$512.51	\$840.82
\$5,801.00	\$405.66	\$552.78	\$710.62	\$960.30	\$1,575.44
\$					
\$					
\$					

PLAN COST PER PERSON – with Optional CFAR

Age of Traveler

Trip Cost	0-50	51-60	61-70	71-80	81-120
\$3,615.00	\$309.88	\$422.23	\$542.79	\$733.48	\$1,203.40
\$3,815.00	\$327.02	\$445.59	\$572.82	\$774.06	\$1,269.98
\$5,715.00	\$617.22	\$809.87	\$1,081.22	\$1,461.10	\$2,397.10
\$3,701.00	\$317.25	\$432.28	\$555.71	\$750.93	\$1,232.03
\$3,901.00	\$334.39	\$455.64	\$585.74	\$791.51	\$1,298.60
\$5,801.00	\$626.51	\$822.06	\$1,097.49	\$1,483.08	\$2,433.17
\$					
\$					
\$					

The above rates are for trips up to 30 days – for each day over 30 add \$6 per person per day.
All of the above rates are for the plan which includes insurance and non-insurance services.

GENERAL LIMITATIONS AND EXCLUSIONS

Unless otherwise shown below, these exclusions apply to the Insured, the Insured's Traveling Companion, or Family Member scheduled and booked to travel with the Insured.

The following exclusion applies to the Trip Cancellation and Trip Interruption and Medical Expense:

We will not pay for any loss or expense caused due to, arising or resulting from a Pre-Existing Medical Condition, as defined in the plan.

The following exclusions apply to the Medical Expense benefits.

We will not pay for any loss or expense caused due to, arising or resulting from:

1. routine physical examinations or routine dental care;
2. traveling for the purpose or intent of securing medical treatment or advice;
3. Alcohol or substance abuse or treatment for the same;
4. Normal pregnancy (except Complications of Pregnancy) or childbirth, or elective abortion;
5. a Mental, Nervous or Psychological Condition or Disorder unless Hospitalized or Partially Hospitalized while the plan is in effect;
6. the Insured's participation in Adventure or Extreme Activities, riding or driving in races, or participation in speed or endurance competition or events, except as a spectator;
7. the Insured's participation in an organized athletic or sporting competition, contest, or stunt under contract in exchange for an agreed-upon salary or compensation. This does not include athletes participating in exchange for a scholarship or tuition.

The plan also contains exclusions specific to Baggage & Personal Effects and Baggage Delay.

In addition to any applicable benefit-specific exclusion, the following general exclusions apply to all losses and all benefits.

We will not pay for any loss or expense caused due to, arising or resulting from:

1. suicide, attempted suicide or any intentionally self-inflicted injury of the Insured, a Traveling Companion, Family Member, or Business Partner booked and scheduled to travel with the Insured, while sane or insane;
2. being under the influence of drugs or narcotics, unless administered upon the advice of a Physician as prescribed;
3. activities, losses, or claims involving or resulting from possession, production, processing, sale, or use of marijuana, illegal drugs, alcohol or substances are excluded from coverage;
4. war or act of war, including invasion, acts of foreign enemies, hostilities between nations (whether declared or undeclared), or civil war;
5. the commission of or attempt to commit a felony or being engaged in an illegal occupation by the Insured, a Traveling Companion, Family Member, or Business Partner;
6. directly or indirectly, the actual, alleged or threatened use, discharge, dispersal, seepage, migration, escape, release or exposure to any hazardous biological, chemical, nuclear radioactive weapon, device, material, gas, matter or contamination;
7. piloting or learning to pilot or acting as a member of the crew of any aircraft.

Pre-Existing Medical Condition Exclusion Waiver

The Pre-Existing Condition Exclusion will be waived if the protection plan is purchased within 14 days of the date the initial trip payment/deposit is received, and you are medically able and not disabled from travel at the time you pay for the plan, based on assessment of a physician.

PLEASE REFER TO THE PLAN DOCUMENTS FOR A COMPLETE DESCRIPTION OF COVERAGE.

This document contains highlights of the plans, which include travel insurance coverages underwritten by United States Fire Insurance Company under form series T7000 et. al., T210 et. al. and TP-401 et. al. The Crum & Forster group of companies is rated A (Excellent) by AM Best 2020. C&F and Crum & Forster are registered trademarks of United States Fire Insurance Company. The plans also contain non-insurance Travel Assistance Services provided by C&F Services through Active Claims Management (2018) Inc., operating as Active Care Management. Coverages may vary and not all coverage is available in all jurisdictions. **Insurance coverages are subject to the terms, limitations and exclusions in the plan, including an exclusion for pre-existing conditions.** In most states, your travel retailer is not a licensed insurance producer/agent, and is not qualified or authorized to answer technical questions about the terms, benefits, exclusions, and conditions of the insurance offered or to evaluate the adequacy of your existing insurance coverage. Your travel retailer may provide general information about the plans offered, including a description of the coverage and price. The purchase of travel insurance is not required in order to purchase any other product or service from your travel retailer. Your travel retailer maybe compensated for the purchase of a plan.

Reservation Coupon

RETURN TO: Boscov's Travel, Reading East Mall, 4500 Perkiomen Avenue, Reading, PA 19606. For more information, please contact a Boscov's Travel Advisor at 610-779-8640 or email bostraveast@boscovs.com.

OR: Boscov's Travel, Camp Hill Mall, 170 S. 32nd Street, Camp Hill, PA 17011. For more information, please contact a Boscov's Travel Advisor at 717-763-1100 or email bostravcamphill@boscovs.com.

___ I would like to join PASR onboard HOLLAND AMERICA LINE'S MS ZAANDAM as they sail through the PANAMA CANAL, March 3 - 18, 2023.

___ My FULL deposit, in the amount of \$700 pp is enclosed for ___ # of person(s). [\$1,300 pp deposit required for Single Occupancy]

CABIN CATEGORY SELECTED (PHILADELPHIA AIR):

___ Inside (___ Cat. L: \$3,615; ___ Cat. K: \$3,635)
___ Oceanview (___ Cat. FF: \$3,815; ___ Cat. F: \$3,845; ___ Cat. EE: \$3,855; ___ Cat. E: \$3,875; ___ Cat. DD: \$3,905; ___ Cat. D: \$3,915)
___ Veranda (___ Cat. BB: \$5,715; ___ Cat. B: \$5,815; ___ Cat. AA: \$5,915; ___ Cat. A: \$6,015)

CABIN CATEGORY SELECTED (PITTSBURGH AIR):

___ Inside (___ Cat. L: \$3,701; ___ Cat. K: \$3,721)
___ Oceanview (___ Cat. FF: \$3,901; ___ Cat. F: \$3,931; ___ Cat. EE: \$3,941; ___ Cat. E: \$3,961; ___ Cat. DD: \$3,991; ___ Cat. D: \$4,001)
___ Veranda (___ Cat. BB: \$5,801; ___ Cat. B: \$5,901; ___ Cat. AA: \$6,001; ___ Cat. A: \$6,101)

___ I wish to add the "Have It All" Promotion (\$700 per person) ___ I do **NOT** wish to add the "Have It All" Promotion

___ I wish to add the OPTIONAL TRAVEL PROTECTION – Please refer to the Travel Protection Pricing Grid attached to the flyer.
___ GROUP DELUXE ___ OPTIONAL CANCEL FOR ANY REASON (CFAR)

___ I was offered the Optional Travel Protection Plan and DECLINED ___ 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
A COPY OF YOUR PASSPORT WILL BE REQUIRED AT THE TIME OF AIR TICKETING.

#1 First Name _____ Middle Name _____ Last Name _____

Gender: ___ Male ___ Female Date of Birth _____ Passport Number _____ Date of Expiration _____

Airline Name & Frequent Flyer #: _____ Airline Name & Frequent Flyer #: _____

TSA/Known Traveler Number: _____ Global Entry Number: _____ Seat Preference (Not Guaranteed): _____
(WINDOW/MIDDLE/AISLE)

SPECIAL REQUESTS (including but not limited to a CPAP machine, refrigerated medication, epi pen, mobility assistance devices, oxygen, dietary restrictions, special services, etc.):

#2 First Name _____ Middle Name _____ Last Name _____

Gender: ___ Male ___ Female Date of Birth _____ Passport Number _____ Date of Expiration _____

Airline Name & Frequent Flyer #: _____ Airline Name & Frequent Flyer #: _____

TSA/Known Traveler Number: _____ Global Entry Number: _____ Seat Preference (Not Guaranteed): _____
(WINDOW/MIDDLE/AISLE)

SPECIAL REQUESTS (including but not limited to a CPAP machine, refrigerated medication, epi pen, mobility assistance devices, oxygen, dietary restrictions, special services, etc.):

Street Address _____ City _____ State _____ Zip _____

Cell phone () _____ Email Address _____

Mariner Number(s) _____ / _____

Cruise Dining: ___ EARLY (5:45 PM) ___ MAIN (8:00 PM) ___ OPEN DINING (Anytime between 5:15 PM and 9:00 PM)

Emergency

Contact Name: _____ Cell Phone () _____ Relationship _____

IMPORTANT: I have read and agree to the attached 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** # _____
**Please see your Boscov's Travel Advisor for details.

___ I would like the 12 month No Interest
(**on purchases of \$299 or more)

___ I wish to use my MASTERCARD/VISA # _____ EXP: _____ Security Code: _____

___ I wish to pay by CHECK – please make check payable to **BOSCOV'S TRAVEL** CHECK # _____

