

Best Price Guarantee Form

(* Required Fields)

* First Name:

* Country of Residence:

* Last Name:

* Sail Date:

* Telephone Number:

* Reservation Number:

* Email Address:

* Select a ship

Celebrity EdgeSM

Celebrity Reflection[®]

Celebrity Xpedition[®]

Celebrity Eclipse[®]

Celebrity Constellation[®]

Celebrity XperienceSM

Celebrity EquinoxSM

Celebrity Infinity[®]

Celebrity XplorationSM

Celebrity Silhouette[®]

Celebrity Millennium[®]

Celebrity Solstice[®]

Celebrity Summit[®]

* Number of Passengers: [Click here to enter text.](#)

* Where did you see the lower rate advertised?

Email

Television

Other

Radio

Website

Stateroom Category: [Click here to enter text.](#)

Stateroom Category of Lower Cruise Rate: [Click here to enter text.](#)

* Cruise Rate Paid [Click here to enter text.](#)

* Lower Cruise Rate [Click here to enter text.](#)

* Tell us which adjustment you would prefer:

Lower Cruise Fare

Added Value Offer

Additional Comments: [Click here to enter text.](#)

Please email completed form to: bestprice@rccl.com