

The completion and return of this form is mandatory to the acceptance of reservations. Please make sure you have completed this form in full including your signature then return it together with your deposit or full payment (if applicable) to:

ADVENTURE ASSOCIATES
 LEVEL 8, 309 PITT STREET
 SYDNEY, NSW 2000, AUSTRALIA
 OR FAX TO (+61 2) (02) 89163090

PLEASE COMPLETE THIS BOOKING FORM TO BOOK ANY TOUR OR CRUISE MENTIONED IN THIS NEWSLETTER. ALTERNATIVELY, CONTACT US FOR A SEPARATE FORM OR DOWNLOAD A VERSION FROM OUR WEBSITE.

I have read the **TERMS AND CONDITIONS*** and the general information relevant to this booking and agree to be bound thereby. Please ensure that you have thoroughly read and understand the deposit and cancellation policies pertaining to your chosen trip. These can vary according to the tour or shipping company involved. Some companies represented impose a non-refundable deposit policy.

TO PROTECT YOURSELF AGAINST UNFORSEEN CIRCUMSTANCES TRAVEL INSURANCE IS highly recommended - however, **IT IS MANDATORY FOR ALL POLAR CRUISES** (we will be pleased to forward to you a selection of insurance brochures). I confirm that I am authorised to sign this contract and accept its conditions for all the persons listed on this form. *Contact us for Terms & Conditions if you do not have a copy.

1 DETAILS

TITLE	FULL NAME	DATE
ADDRESS		
TEL (B)	TEL (H)	MOB
FAX	AUTHORISED SIGNATURE	
EMAIL	EMERGENCY CONTACT FULL NAME	
EMERGENCY CONTACT FULL NAME		TEL

2 TOUR/CRUISE

PLEASE RESERVE THE FOLLOWING PASSENGER/S ON:

TOUR/CRUISE NAME/S
DEPARTURE DATE/S
CODE/S

3 SHIP/CABIN

VESSEL NAME/S	CABIN TYPE/S
<input type="radio"/> TWIN SHARE <input type="radio"/> DOUBLE <input type="radio"/> SINGLE <input type="checkbox"/> I AM TRAVELLING BY MYSELF AND WISH TO SHARE WITH A ROOMMATE (NOT APPLICABLE TO SUITES ON CRUISES)	
<input type="radio"/> SMOKING <input type="radio"/> NON SMOKING	

IF YOU HAVE BOOKED ON A TWIN SHARE BASIS, SMOKING IS NOT PERMITTED IN THE ROOM UNLESS YOUR ROOMMATE AGREES AND THIS MAY ALSO BE SUBJECT TO THE HOTEL/VESSEL POLICY.

4 TRAVELLERS

	1ST PERSON	2ND PERSON	3RD PERSON	4TH PERSON
TITLE				
SURNAME				
FIRST NAME				
DATE OF BIRTH				
NATIONALITY				
PASSPORT NO.				
DATE OF ISSUE				
EXPIRY DATE				

NAME EXACTLY AS SHOWN ON YOUR PASSPORT!
 PLEASE USE BLOCK LETTERS
 SHOULD YOU NOT HAVE A CURRENT PASSPORT, PLEASE ADVISE DETAILS WHEN OBTAINED

ARE THE ABOVE PASSENGER/S IN GOOD HEALTH? YES NO SPECIFY

DO ANY OF THE ABOVE PASSENGER/S SUFFER FROM ANY DISABILITIES? YES NO SPECIFY

DO ANY PASSENGERS HAVE ANY SPECIFIC DIETARY REQUIREMENTS? YES NO SPECIFY

ATTACH DETAILS AND DOCTOR'S CERTIFICATES, STATING FITNESS TO TRAVEL

5 OPTIONS

FROM WHICH CITY DO YOU WISH US TO TICKET AND ARRANGE CONNECTING FLIGHTS?
 SYD MEL BNE ADL PER HBA OTHER SPECIFY

OTHER ACCOMMODATION OR EXTENSION TOURS REQUIRED

PLEASE FORWARD A SELECTION OF INSURANCE PROPOSAL FORMS

PLEASE COMPLETE IF YOU WISH US TO MAKE CONNECTING AIR AND/OR ACCOMMODATION ARRANGEMENTS FOR YOU.

6 PAYMENT

AMOUNT USD OR AUD DEPOSIT FULL PAYMENT

TOUR/CRUISE BALANCE MUST BE PAID IN THE CURRENCY AND BY THE PAYMENT METHOD AS SHOWN ON YOUR TOUR/CRUISE BALANCE INVOICE.

I WISH TO PAY BY: CHEQUE NO. PAYABLE TO **ADVENTURE ASSOCIATES**

DIRECT OR TELEGRAPHIC TRANSFER CONTACT US FOR OUR ACCOUNT DETAILS AND ADVISE US ASAP WHEN PAYMENT HAS BEEN SENT

CREDIT CARD: VISA MASTERCARD AMEX SECURITY ID Security ID is the 4 digits above the Amex card number or the last 3 digits on signature panel on reverse of Visa & Mastercard.

CARD NUMBER EXPIRY DATE

CARDHOLDER'S NAME SIGNATURE

IMPORTANT: PAYMENT BY CREDIT CARD IS ACCEPTED FOR DEPOSITS ONLY FOR DIRECT BOOKINGS.