

Antarctica Small Ships - Booking Form



The completion and return of this form is mandatory to the acceptance of reservations.

When this form has been signed and completed please return together with deposit or full payment (if applicable) to:

Adventure Associates, G.P.O. Box 4414, Sydney, NSW 2001, Australia, or fax to (+61 2) (02) 89163090.

I have read the **TERMS AND CONDITIONS** and the general information relevant to this booking, and agree to be bound thereby. **TO PROTECT YOURSELF AGAINST UNFORSEEN CIRCUMSTANCES TRAVEL INSURANCE IS MANDATORY** for these expeditions (we will be pleased to forward to you a selection of insurance proposal forms which may suit your requirements). I/We are aware that valid passports are required (non-Australian passport holders may require an Australian re-entry certificate or visa), health documents may also be required and that the obtaining of these documents is my/our responsibility. I confirm that I am authorised to sign this contract and accept its conditions for all the persons listed in this form.

1
YOUR
DETAILS

TITLE	FULL NAME	DATE	
ADDRESS			
TEL (w)	TEL (h)	MOBILE	FAX
EMAIL	AUTHORISED SIGNATURE		

2
YOUR
CRUISE

IN SEARCH OF THE EMPEROR PENGUINS POLAR CIRCLE
 ANTARCTIC PENINSULA WEDDELL SEA & PENINSULA
 FALKLANDS, SOUTH GEORGIA & PENINSULA

CRUISE CODE: DEPARTURE DATE/S:

3
YOUR
SHIP/CABIN

CABIN CATEGORY:

I am travelling by myself and wish to share (not available for Superiors or Suites)
 Sole Use (not available for some categories, please check with us)

NOTE: Smoking onboard is allowed only in designated areas. There is no smoking in the cabins.

ALEKSEY MARYSHEV
 GRIGORY MIKHEEV
 PROFESSOR MOLCHANOV
 PROFESSOR MULTANOVSKIY

4
TRAVELLER
DETAILS

NAME EXACTLY AS SHOWN ON YOUR PASSPORT (Please use BLOCK letters). Should you not have a current passport, please advise details when obtained.

	1 ST PERSON	2 ND PERSON	3 RD PERSON	4 TH PERSON
(Dr/Mr/Mrs/Ms/Miss etc)				
Surname				
First name/s				
Date of Birth				
Nationality				
Passport Number				
Date of Issue				
Date of Expiry				

Are the above passenger/s in good health? Yes No Do any of the above passenger/s suffer from any disabilities? Yes No
If yes, please specify: _____ (If yes, please attach details and doctor's certificate, stating fitness to travel.)
Do any passengers have any specific dietary requirements? Yes No Please specify: _____

5
OPTIONS

Please complete the following if you wish us to make connecting air and/or accommodation arrangements for you.
From which city do you wish Adventure Associates to ticket and arrange connecting flights?
 SYD MEL BNE ADL PER HBA OTHER _____
Other accommodation / extension tours required: _____
 Please forward a selection of insurance proposal forms (Travel Insurance is MANDATORY)

6
PAYMENT
DETAILS

I WISH TO PAY MY DEPOSIT FULL PAYMENT - AMOUNT OF US\$: OR AU\$:

Note: Final cruise balances must be paid in US\$ by bank draft, cheque, cash or telegraphic transfer.

CHEQUE Number: _____ payable to Adventure Associates in AU\$.

DIRECT OR TELEGRAPHIC TRANSFER Please contact us for our account details and advise us as soon as possible when payment has been sent.

I WISH TO PAY MY DEPOSIT BY CREDIT CARD Please send me a separate authorisation form.
(Credit cards accepted for Direct bookings for US\$ deposit payments only).

ENCLOSED IS DEPOSIT OR FULL PAYMENT FOR AIR, LAND OR OTHER TRAVEL ARRANGEMENTS:
CHEQUE NO: AMOUNT OF AU\$: (to be paid in AU\$ by cheque, cash or direct debit).