

THE COMPLETION AND RETURN OF THIS FORM IS MANDATORY TO THE ACCEPTANCE OF RESERVATIONS. PLEASE MAKE SURE YOU HAVE COMPLETED THE CORRECT FORM RELEVANT TO YOUR CURRENCY OF PAYMENT. 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 STRONGLY RECOMMENDED** (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.

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DETAILS

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

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CRUISE

PLEASE RESERVE THE FOLLOWING PASSENGER/S ON:

WEDDEL SEA AND SOUTH GEORGIA
 EPIC ANTARCTICA
 EMPEROR PENGUIN SAFARI
 CROSSING THE CIRCLE
 EXPLORERS' QUEST
 ANTARCTIC EXPLORER

DEPARTURE DATE/S	CRUISE CODE/S
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SHIP/CABIN

K. KHLEBNIKOV OCEAN NOVA
 S. VAVILOV L. ORLOVA
 A. IOFFE C. ADVENTURER

CABIN CATEGORY	<input type="radio"/> SOLE USE (not available for some categories, please check with us) <input type="radio"/> I AM TRAVELLING BY MYSELF AND WISH TO SHARE (not available for Superiors or Suites)
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NOTE: SMOKING ONBOARD IS ALLOWED ONLY IN DESIGNATED AREAS. THERE IS NO SMOKING IN THE CABINS.

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TRAVELLERS

	1 ST PERSON	2 ND PERSON	3 RD PERSON	4 TH PERSON
TITLE				
SURNAME				
FIRST NAME/S				
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

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

DO ANY PASSENGERS HAVE ANY SPECIFIC DIETARY REQUIREMENTS? YES NO

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

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OPTIONS

FROM WHICH CITY DO YOU WISH ADVENTURE ASSOCIATES TO TICKET AND ARRANGE CONNECTING FLIGHTS?

SYD MEL BNE ADL PER HBA OTHER

OTHER ACCOMODATION OR EXTENSION TOURS REQUIRED

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

PLEASE FORWARD A SELECTION OF INSURANCE PROPOSAL FORMS **TRAVEL INSURANCE IS STRONGLY RECOMMENDED**

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PAYMENT

AMOUNT OR DEPOSIT FULL PAYMENT

NOTE: FINAL CRUISE BALANCES MUST BE PAID IN USD BY BANK DRAFT, CHEQUE, CASH OR TELEGRAPHIC TRANSFER.

I WISH TO PAY BY:

CHEQUE PAYABLE TO ADVENTURE ASSOCIATES IN AUD.
 DIRECT OR TELEGRAPHIC TRANSFER CONTACT US FOR OUR ACCOUNT DETAILS AND ADVISE US ASAP WHEN PAYMENT HAS BEEN SENT
 CREDIT CARD - PLEASE SEND ME A SEPARATE AUTHORISATION FORM **IMPORTANT: PAYMENT BY CREDIT CARD IS ACCEPTED FOR DEPOSITS ONLY FOR DIRECT BOOKINGS.**

ENCLOSED IS DEPOSIT OR FULL PAYMENT FOR AIR, LAND OR OTHER TRAVEL ARRANGEMENTS:

CHEQUE AMOUNT

TO BE PAID IN AUD BY CHEQUE, CASH OR DIRECT DEBIT