

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 STRONGLY RECOMMENDED** 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 (b)	Tel (h)	Mobile	Fax
Email		Authorised Signature	

2 CRUISES

NORTH POLE
 NORTHWEST PASSAGE
 TANQUARY FJORD
 NORTH OF 80°
 FURY AND HECLA
 SPITSBERGEN EXPLORER
 SPITSBERGEN, GREENLAND & ICELAND

Departure Date/s	Cruise Code/s
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3 SHIP/CABIN

50 YEARS OF VICTORY
 TWIN MINI SUITE SUITE VICTORY SUITE ARKTIKA SUITE
KAPITAN KHLEBNIKOV
 TRIPLE TWIN SUITE CORNER SUITE
AKADEMIK SHOKALSKIY
 TRIPLE TWIN SF TWIN PF SUPERIOR SUITE

SOLE USE
 TWIN SHARE
 SHARE REQUEST (NOT AVAILABLE FOR SUITES)

NOTE: SMOKING ONBOARD IS ALLOWED ONLY IN DESIGNATED AREAS. THERE IS NO SMOKING IN THE CABINS.

4 TRAVELLERS

	First Person	Second Person	Third Person	Fourth Person
Title				
Surname				
First Name/s				
Date of Birth				
Nationality				
Passport No.				
Date of Issue				
Expiry Date				

Are the above passenger/s in good health? Yes No
 Do any of the above passenger/s suffer from any disabilities? Yes No Please Specify _____
 Do any passengers have any specific dietary requirements? Yes No Please Specify _____

NAME EXACTLY AS SHOWN ON YOUR PASSPORT

PLEASE USE BLOCK LETTERS

SHOULD YOU NOT HAVE A CURRENT PASSPORT, PLEASE ADVISE DETAILS WHEN OBTAINED

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

5 OPTIONS

From which city do you wish Adventure Associates to ticket and arrange connecting flights?

SYD
 MEL
 BNE
 ADL
 PER
 HBA
 OTHER
 Please Specify _____

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 MANDATORY**

6 PAYMENT

AMOUNT US\$ _____ OR AU\$ _____

DEPOSIT
 FULL PAYMENT - I WISH TO PAY BY:

CHEQUE No. _____ 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

CREDIT CARD - PLEASE SEND ME A SEPARATE AUTHORISATION FORM **IMPORTANT: PAYMENT BY CREDIT CARD IS ACCEPTED FOR DIRECT BOOKINGS FOR US\$ DEPOSIT PAYMENTS ONLY.**

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

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

CHEQUE No. _____ AMOUNT AU\$ _____

TO BE PAID IN AU\$ BY CHEQUE, CASH OR DIRECT DEBIT