

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

SPITSBERGEN EXPLORER   
  NORTH SPITSBERGEN   
  AROUND SPITSBERGEN  
 SOUTH SPITSBERGEN   
  ST KILDA - JAN MAYEN ISLANDS   
  SPITSBERGEN, GREENLAND & ICELAND  
 POLAR BEAR QUEST   
  HIGH ARCTIC EXPLORER   
  HEART OF THE NORTHWEST PASSAGE  
 SCORESBY SUND   
  REMOTE EAST GREENLAND   
  NORTHEAST GREENLAND  
 SPITSBERGEN AND NORTH GREENLAND

Departure Date/s    
 Cruise Code/s

## 3 SHIP/CABIN

AKADEMIK S VAVILOV   
  AKADEMIK IOFFE   
  P MOLCHANOV   
  P MULTANOVSKIY   
  M.V. ANTARCTIC DREAM  
 M.V. PLANCIUS   
  NOORDELICHT   
  M.V. POLAR STAR   
  MS STOCKHOLM   
  MS ORIGO   
  MS QUEST

TRIPLE   
 TWIN SHARED FACILITIES   
 TWIN PRIVATE FACILITIES   
 SUPERIOR   
 SUITE

SOLE USE (not available for some categories, please check with us)  
 I AM TRAVELLING BY MYSELF AND WISH TO SHARE (not available for Superiors or 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	<b>NAME EXACTLY AS SHOWN ON YOUR PASSPORT</b>  PLEASE USE BLOCK LETTERS  SHOULD YOU NOT HAVE A CURRENT PASSPORT, PLEASE ADVISE DETAILS WHEN OBTAINED
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

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.

## 6 PAYMENT

PLEASE FORWARD A SELECTION OF INSURANCE PROPOSAL FORMS   
**TRAVEL INSURANCE IS MANDATORY**

Amount    
 AU\$   
 US\$   
 EUR  
 DEPOSIT   
 FULL PAYMENT - I WISH TO PAY BY:

NOTE: FINAL CRUISE BALANCES MUST BE PAID IN US\$ (OR EUROS FOR MS STOCKHOLM, MS ORIGO AND MS QUEST) BY BANK DRAFT, CHEQUE OR TELEGRAPHIC TRANSFER.

CHEQUE   
 No.    
 PAYABLE TO ADVENTURE ASSOCIATES IN AUS.

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 AND FOR QUARK VOYAGES ONLY.**