



VACATION REGISTRATION FORM

Please Print, Complete & Fax to 1 866 773 1264

The Legendary Danube with Jon McComb CKNW July 3 – 15, 2018

***PLEASE ENSURE THAT ALL NAMES ARE AS THEY APPEAR ON YOUR PASSPORT.

SURNAME: _____

FIRST: _____ MIDDLE: _____ Mr / Mrs / Ms / Miss

ADDRESS: _____

CITY/PROV/STATE: _____ POSTAL/ZIP CODE: _____

PHONE (h): _____ (b): _____ (cell): _____

EMAIL: _____

BIRTHPLACE (CITY, STATE, COUNTRY): _____

DATE OF BIRTH (Month): _____ (Day): _____ (Year): _____

NATIONALITY: _____ PASSPORT #: _____

ISSUED DATE: _____ EXPIRY DATE: _____

EMERGENCY CONTACT: _____

PHONE: _____ RELATIONSHIP: _____

AIRLINE POINTS PROGRAM & NUMBER: _____

SEAT PREFERENCE: _____ SMOKING/NONSMOKING: _____

BEDDING REQUESTED: Single Room 2 Beds 1 Bed

SHARING WITH: _____ ANY SPECIAL REQUESTS? _____

KNOWN MEDICAL CONDITIONS OR DIETARY REQUIREMENTS: _____

ARE YOU CELEBRATING A SPECIAL EVENT? (i.e. Anniversary) _____

Thank you!

Carol Petersen, Expedia CruiseShipCenters, West Vancouver BC
Vancouver Area (604) 947 9005 Toll Free (866) 949 3007 Toll Free Fax 1 866 773 1264
capetersen@cruiseshipcenters.com www.cruiseshipcenters.ca/CarolPetersen

Client Credit Card Authorization



**Please complete this form and return the signed copy to the fax number above.
If you prefer, you may also complete this form and call us to provide the credit card number.**

Cardholder Name: _____
(as it appears on Credit Card)

Billing Address: _____

City: _____

State/Province: _____ Zip/Postal Code: _____

Phone: _____ Email: _____

VISA MASTERCARD AMEX Credit Card #: _____

Expiry Date: _____ Security Code (3 or 4 Digit Code on the back of the credit card): _____

I, _____ the registered cardholder authorize Expedia CruiseShipCenters to use my credit card to book the travel arrangements listed below.

I am aware of any cancellation policies and penalties. Initial: _____

I am aware of the available insurance coverage options and have opted to: (please check one below)

Request a no-obligation quote Purchase coverage Decline coverage Initial: _____

(Cardholder Signature) Date: _____

Description of Charges:

Merchant	\$ Amount	Reason

Internal Use Only

Consultant Name: _____ CTO#: _____