

**CKNW Azamara Baltic Cruise June 10 – 24, 2019****Stateroom Type : \_\_\_\_\_ Stateroom # (no guarantees): \_\_\_\_\_****\*\*\*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  
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