



REGISTRATION & PAYMENT FORM: BLACK SEA TO VIENNA RIVER CRUISE 2012

PLEASE 'PRINT' THE FOLLOWING INFORMATION

◆ Please PRINT your First & Last Name EXACTLY as it appears on your PASSPORT.

Mr. / Mrs. / Ms. (First) _____ (Last) _____ Age: _____

Mr. / Mrs. / Ms. (First) _____ (Last) _____ Age: _____

A Valid Passport is required. We will require a PHOTO COPY of the page in your PASSPORT with your picture on it to pre-register you with Avalon Waterways. A government document Photo I.D. is required for reboarding the 'IMAGERY' river cruise ship at all ports of call, we recommend a valid Driver's license or Government Health Card with photo.

Mailing Address: _____ City: _____ Prov. _____

Postal Code: _____ Phone No. (s) _____

"HOME PICK-UP" ADDRESS: Same as above [] or _____

First Name(s) spelling to appear on your 'Name Tag': _____

Email address: _____

Special Requirements: Wheelchair for Aircraft embarking & disembarking []

BED CONFIGURATION: Twin [] Double [] Hotel Room: Smoking [] or Non-Smoking [] Marriott Hotel is Non Smoking

RIVER BOAT STATEROOM: Category: _____ Cabin # _____ OR _____

RIVER CRUISE DINNER SEATING IS OPEN SEATING AT 7:30 P.M.

Time may vary depending on various itineraries

PAYMENT INFORMATION

FULL AMOUNT PER PERSON: \$ _____ x _____ = \$ _____

Deposit \$1,500. per person (Single Supplement x 2) = \$ _____

PRE-PRESENTATION BOOKING \$25 per person = \$ _____

All payments by cheque - Credit \$50 per person = \$ _____

BALANCE DUE: JUNE 11, 2012 \$ _____

PAYMENT BY: 'Personal Cheque' [] OR 'Credit Card'- Visa [] MasterCard []

Credit Card # _____ Expired Date: _____

PRINT NAME exactly as it appears on the Credit Card: _____

Signature of Card Holder: X _____

◆ 'Shipboard Account' Pre-registration: Credit Card [] OR Cash [] ~ Card Same as above [] Card different []

Card Name _____ Card # _____ Expiry Date: _____

Signature of Card Holder: X _____

Your signature above adheres you to all the rules and regulations that appears on a standard credit card purchase form.

Please indicate if you wish your BALANCE PAID on JUNE 11/11 using the same Credit Card: YES [] NO []

If answering 'YES' we will call to confirm this credit card payment just prior to your balance due date.

If for some reason you can not be contacted, Expedia CruiseShipCenters will process the balance on the above credit card indicated for the purpose of paying the balance.

Expedia CruiseShipCenters, Kingston

2786B Princess Street, Kingston, ON K7P 1W9

Tel: (613) 389-3988 Fax: (613) 389-4539 www.cruiseshipcenters.ca/kingston TICO# 5008131

PHYSICAL & MENTAL DECLARATION: I / WE declare to be in good physical and mental condition to travel unassisted for the duration of the cruise tour purchased. Should these conditions change between now and the travel date, **Kingston Expedia CruiseShipCenters** must be informed immediately and the agency does reserves the right to refuse passage.

Mr./Mrs./Ms. _____ Mr./Mrs./Ms. _____

OPTIONAL TRAVEL INSURANCE - PLEASE READ CAREFULLY CANCELLATION / INTERRUPTION INSURANCE **MUST** BE PURCHASED **OR** DECLINED AT TIME OF DEPOSIT OR PAYMENT IN FULL, WHICH EVER COMES FIRST.

If you are unsure of your current travel insurance coverage please check immediately. If you are fully covered please sign the waiver shown next. If you lack any or all of the Optional Travel Insurance coverage see below.
I/WE DECLINE - Out of country coverage [] and/or Cancellation & Interruption ins. []

Signature (s): Mr. / Mrs. / Ms. _____

Mr. / Mrs. / Ms. _____

THE FOLLOWING IS A DESCRIPTION OF OPTIONAL TRAVEL INS. OFFERED:

- ❖ **Deluxe Insurance:** Offers Out-Of-Province Medical Insurance & Cancellation / Interruption Ins. as well as Baggage & Personal Effects Ins. & Travel Accident Ins.
- ❖ **Non-Medical Insurance:** Offers Cancellation / Interruption Ins., Personal Effects Ins., Travel Accident Insurance. & Baggage Insurance. (This policy offers **NO** Out-Of-Province Medical Ins.)

PRE-EXISTING CONDITIONS:

Please advise us of any pre-existing medical condition that you currently have and the length of time you have been stable (no medication change up or down). This information is required to determine your coverage.

Name: _____ Condition (s): _____

Name: _____ Condition (s): _____

If the above space is not sufficient please attach the additional information.

PLEASE SEE TRAVEL INSURANCE POLICY FOR FULL DETAILS.

REQUEST FOR AN INSURANCE QUOTE (with no obligation):

1. DELUXE / ALL INCLUSIVE INS. package (out of province medical, cancellation/interruption insurance) []
2. NON-MEDICAL INS. package. (cancellation / interruption only, no out of province medical coverage) []

Date (s) of Birth are required for a quote:

Name: _____ Month: _____ Day: _____ Year: _____

Name: _____ Month: _____ Day: _____ Year: _____

OFFICE USE ONLY: ADVANTAGE INSURANCE CO. [] OR R.B.C. INSURANCE CO. []

Name: _____ Age _____

Name: _____ Age _____

Amount of Cruise Tour \$ _____

\$ _____

Premium calculation _____

CREDIT CARD [] _____

CHEQUE [] _____

CASH [] _____



PERSONAL DATA SHEET (CONFIDENTIAL INFORMATION)

Cruise Tour Name: BLACK SEA TO VIENNA RIVER CRUISE 2012

PLEASE COMPLETE & RETURN TO 'EXPEDIA CRUISESHIPCENTERS' OFFICE AS SOON AS POSSIBLE.

Providing the following information is completely voluntary and if submitted will remain confidential with EXPEDIA CRUISESHIPCENTERS. This information will only be shared with the appropriate people related to the information provided, e.g. medical and customs personnel as well as meal service related personnel. Please read the reverse side about confidentiality.

NAME(S): **MR.** _____ **MISS/MRS./MS.** _____

DATE OF BIRTH: _____

CITIZENSHIP _____

OCCUPATION: _____

MAILING ADDRESS: _____

TELEPHONE NO: HOME: _____ OTHER: _____

EMAIL ADDRESS: _____

NOTE: *If additional space is required please provide this information on separate paper and check here []*

◆ **Do you have any health concerns that the escorts should be aware of? Please indicate person's name & concerns.**

Mr. _____

Mrs./Ms. _____

◆ **Are you carrying any prescription medication with you? (List below. If more room required on a separate sheet)**

Mr. _____

Mrs./Ms. _____

◆ **Do you have any special dietary requirement? (diabetic, low fat, low sodium, celiac etc.)** _____

Mr. _____ Mrs./Ms. _____

◆ **Are you celebrating a Birthday, Anniversary or other 'Special Occasion' during this cruise tour?**

Please specify the event. _____ Mr. _____ Mrs./Ms. _____

Client Insurance Co.: _____ **Policy #** _____ **Phone #** _____

Travel Broker Ins. Co. _____ **Policy #** _____ **Phone #** _____

Emergency Contact Person: Name: _____ Relationship: _____

Address: _____ City: _____ Prov. _____

Postal Code: _____ Telephone No. and /or email: _____

CONFIDENTIALITY AGREEMENT
CLIENT CONSENT FORM

On January 1st, 2004 the third phase of the Personal Information Protection and Electronic Documents Act (PPEDA) came into effect. This Act governs information collected as part of commercial activity by any private sector organization. It states that information must be gathered with consent, collected for a reasonable purpose, used for the limited purposes for which it was gathered, be accurate, be open for the owner's inspection and correction, and stored securely. THE TRAVEL BROKER already maintains a high level of security with respect to the confidentiality of your records but we are now obligated by law to advise and obtain consent to the terms of the collection, distribution and storage of your data.

Confidentiality Agreement

With regard to the provisions of the Privacy Act, I hereby give my permission for THE TRAVEL BROKER to maintain personal information already on file, and to collect further information for the purpose of contacting me by mail, fax, telephone, and /or e-mail with relevant information and other services THE TRAVEL BROKER may offer.

Please note that the Guide for Business and Organizations to Canada's Personal Information Protection and electronic Documents Act may be downloaded at www.privcom.qc.ca/information/guide_e.asp
Also, a sample of a Private Policy can be found on the CITC website under Main links at www.citc.ca or on the ACTA website at www.acta.ca

Important note - Permanent Resident Status: As of December 31, 2003 persons who have completed the Canadian Immigration process and have Permanent Resident Status but are not Canadian Citizens (*and therefore do not carry a Canadian Passport*) must carry a "Permanent Resident" card ("PR Card"). This identification card costs \$50.00 and takes at least 60 days processing time. ***If anyone is carrying a passport of a nationality other than Canada please contact us know immediately.***

Signature, Passenger #1

Signature, Passenger #2

EXPEDIA CRUISESHIPCENTERS KINGSTON

Date