

REGISTRATION FORM

To: FAIRVIEW CRUISESHIPCENTERS Fax: 604 736 2241

Date Requested: _____ **Att to :** _____

1) Ship: _____ **2) Sailing Date:** _____

Cabin category: () Inside () Ocean view () Balcony

Passenger information as in your passport: Citizenship: _____

Guest # 1: First Name: _____ Last Name: _____

Guest # 2: First Name: _____ Last Name: _____

Travel Insurance: () Deluxe package () Cancellation & Interruption () Medical Only

Special Request: _____

PHONE NUMBER: (____) _____ BEST TIME TO CALL: _____

Other phone : _____

ADDRESS: _____ POSTAL CODE: _____

EMAIL ADDRESS: _____

For Reference (if applicable)

Cruise past pax membership #: _____ Cruise Line: _____

Aeroplan member #: _____ Aeroplan Certificate #: _____

PAYMENT AUTHORIZATION: Cardholder's Name: _____

Amount to charge: _____ () CAD \$ () US\$

Credit Card: () Visa () Mastercard CC#: _____

Expiry Date: _____ Security Code: _____ Signature: _____

Note: Please print. Your names should match your passports. Cruise Line charges a fee for name change. At least one name should remain the same until final payment, otherwise will be considered a Cancellation.