

VOYAGES ANTIQUITY

GUEST REGISTRATION FORM

Voyages to Antiquity requires all guests to provide full passport details, including addresses and next of kin information prior to issuance of final documentation. The personal information provided is only passed on as required to our air providers, in accordance with government regulations, port authorities, and other suppliers of your travel arrangements for the purposes of customs, visas, and immigration clearance. Any visa requirements provided in our documentation pertain to US and Canadian citizens only. Requirements for other nationalities can be obtained from the consulates of the countries to be visited on the specific cruise and land program. It is each guests own responsibility to ensure that they

have the required documentation prior to travel. Failure to produce the required documentation at embarkation may result in denied boarding and any expenses incurred as a result are not the responsibility of Voyages to Antiquity. Please complete in full and return as soon as possible in order we are not delayed in issuance your final documents. This form can be returned via Fax: 954-915-1980; by e-mail to: info@voyagestoantiquity.com; or you can visit our Website and go to the *My Booking* tab and enter your information via a secure on line link. You will need your booking reference number, found on your cruise confirmation or provided by your travel agent, to access your online record.

CRUISE DEPARTURE DATE EMBARKATION PORT

STATEROOM CATEGORY BOOKING REF

PASSENGER DETAILS 1st Passenger 2nd Passenger

Mr/Mrs/Miss/other		
First Name <i>(as shown on passport)</i>		
Surname <i>(as shown on passport)</i>		
Middle Names <i>(as shown on passport)</i>		
Telephone Number		
E-mail address		
Home Address Street		
City/State/Province		
Zip or Postal Code		
Place of Birth <i>(as shown on passport)</i>		
Nationality <i>(as shown on passport)</i>		
Date of birth <i>(as shown on passport)</i>		
Occupation		
Gender	Male / Female	Male / Female
Passport: Number		
Issued by		
Place of Issue		
Date of Issue		
Expiration Date		
Emergency: First Name		
Last Name		
Telephone		

MEDICAL RESTRICTIONS: _____

DIETARY PREFERENCES: _____

INSURANCE If you have obtained travel insurance from anyone other than Voyages to Antiquity, please provide the policy details below.

Policy issued by _____ Policy No: _____

MEDICAL DECLARATION All guest signatures are required in acknowledgement of fitness to travel. All the above named persons certify they are fit to travel and are not traveling contrary to medical advice. All pre-existing medical conditions which may require treatment aboard ship must be declared. All guests need to be self-sufficient and those physically challenged must have an able-bodied guest traveling with them to take full responsibility for any assistance that may be required. Any guest with a mobility issue must advise Voyages to Antiquity at the time of booking. A medical certificate may be requested.

SIGNATURE

On behalf of the persons named above, whose authority I have to sign this agreement, I have read the above information and accept the Terms and Conditions outlined on the Guest Confirmation or at <http://us.voyagestoantiquity.com/booking-terms-conditions-us.html>

Name (please print) _____ Date _____ Signature _____