

Koren Specific Technique: Cruise Booking Form

PREFERRED CABIN CATEGORY _____

1) NAME _____ Birthdate _____ / _____ / _____
Last (As it appears on Passport) First (As it appears on Passport) Month Day Year

Home Address _____ City _____

Prov/State _____ Country _____ Postal/Zip Code _____

Phone # (_____) _____ Email _____ Citizenship _____

Dates of Travel: Depart _____ Return _____ Group Premium _____

Credit Card # _____ Expiry Date: _____ / _____
Month Year

Name (as it appears on card) _____

I will require assistance with my air or hotel booking. Yes _____ No _____ (fee \$36.75 CDN per person)
(Please initial)

By your following signature, you authorize Expedia CruiseShipCenters Grey Bruce to place your deposit, final payment and insurance premium on the above noted credit card.

Cardholder #1 Signature _____

2) NAME _____ Birthdate _____ / _____ / _____
Last (As it appears on Passport) First (As it appears on Passport) Month Day Year

Home Address _____ City _____

Prov/State _____ Country _____ Postal/Zip Code _____

Phone # (_____) _____ Email _____ Citizenship _____

Dates of Travel: Depart _____ Return _____ Group Premium _____

Credit Card # _____ Expiry Date: _____ / _____
Month Year

Name (as it appears on card) _____

By your following signature, you authorize Expedia CruiseShipCenters Grey Bruce to place your deposit, final payment and insurance premium on the above noted credit card.

Cardholder #2 Signature _____

*WE ARE TRAVELLING WITH: _____

Name(s) if different than your legal name i.e. Bill (William) _____

Please fax this registration form to: (519) 364-5982 Attn: Julie