

2009 Expedition Galapagos Ticket Reservation Form

Date: _____

Member/Agreement:

Signatory Name:	
Address:	
Tel:	
Fax:	
Cell:	
Email:	
Club Acct #:	
MedJet Policy Number:	

Guest:

Guest Name:	
Address:	
Tel:	
Fax:	
Cell:	
Email:	
MedJet Policy Number:	

Telephone Reservation

Date/Time:	
Cabin Category Preference/Range:	

Reservation & Cost

Reservation Category:	
Wait List:	
Category __ per person Price:	
Number of Tickets:	
Ticket Invoice Total:	

Timeline/Deadlines

Reservation Agreement Date:		<i>(date email notification sent with Agreement)</i>	received
Reservation Due Date:		<i>(When the Signed Agreement and Check for deposit of \$1,000/person are received by this date, the reservations are confirmed.)</i>	
Non-refundable deposit due:		\$1,000 per person	
40% of Ticket Invoice due	June 30, 2008		
Unpaid Balance of 100% of Ticket Invoice due	Sept 30, 2008		

Cabin Assignment

Cabin	<i>(specific cabins have not yet been assigned)</i>
Deck	