

BOOKING FORM

Please print this form, complete in CLEAR CAPITAL LETTERS all information below and Fax it to us at: +972-2-992-9802

[KINDLY NOTE: No booking will be confirmed until both pages of this booking form, fully completed and signed are received at the above fax number.]

| | | |
|---|---|---|
| CRUISE NAME: | SOUTH AMERICA CRUISE MSC SINFONIA | |
| CRUISE DATE: | 22-30 January 2007 | |
| BOOKING: | <input type="checkbox"/> Cruise only (no flights) | <input type="checkbox"/> Cruise and flights |
| OPTIONAL EXTENSIONS: | <input type="checkbox"/> Pre Cruise Iguassu Falls + Rio | <input type="checkbox"/> Pre Cruise Rio |
| PASSENGER DETAILS | 1st Passenger | 2 nd Passenger |
| Title (Mr/Mrs/Miss/Dr...): | | |
| Surname (as shown on passport): | | |
| First Name (as shown on passport): | | |
| Date of Birth (day-month-year): | | |
| Home Address: | | |
| City | | |
| Country | | |
| Post code | | |
| Email: | | Fax number: |
| Telephone number (home): | | Telephone number (mobile): |
| Nationality of Passport: | | |
| Passport Number: | | |
| Passport Issue Date & City: | | |
| Passport Expiry Date: (day-month-year) | | |
| Occupation: | | |
| Place of Birth (City & Country): | | |
| Emergency Contact (next of kin): | | |
| Emergency Contact Telephone Number: | | |

Please sign here:

| | | | | | |
|--|--|---|---|--|------------------------------------|
| REQUESTED CABIN GRADE: | | METHOD OF PAYMENT | | | |
| | | *NOTE: For credit card payments there is an surcharge of: Amex 4%, other 2% | | | |
| INSURANCE All passengers must be adequately insured. For Israeli citizens only: | | <input type="checkbox"/> Bank Transfer (details below) | <input type="checkbox"/> Check (via courier only) | <input type="checkbox"/> Credit Card | <input type="checkbox"/> Cash |
| <input type="checkbox"/> yes I wish to purchase insurance via Eddie's Travel | Eddie's Travel will contact you to obtain details required by the insurance company for determination of eligibility & premium. If eligible, insurance premium will be invoiced accordingly. | CREDIT CARD DETAILS: | | | |
| <input type="checkbox"/> no I will arrange my own insurance | Name of insurer: | *NOTE: Regardless of payment method, credit card details must be provided as security for payment. By signing below, authorization is hereby given to debit the credit card provided below for any payment not received by Eddie Freudmann Travel for this booking as per the booking terms and cancellation policy listed below. | | | |
| | | <input type="checkbox"/> Visa | <input type="checkbox"/> Mastercard | <input type="checkbox"/> Amex | <input type="checkbox"/> Other: |
| MEDICAL DECLARATION All the above named persons 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. N.B. If there is a change in the general health of any of the above named, medical advice should be sought before taking the proposed holiday. A medical certificate may be requested. | | Expiry date: | | | |
| | | Credit Card Number: | | | |
| | | Name of card holder: | | | |
| CANCELLATION FEES (days prior to departure) | | | | | |
| More than 90 days: 50% of deposit | | 30 - 18 days: 50% of total | | | |
| 89 - 61 days: 100% of deposit | | 17 - 10 days: 80% of total | | | |
| 60 - 53 days: 25% of total | | Less than 10 days: 100% of total-no refund | | | |
| 52 - 31 days: 30% of total | | | | | |
| Name changes and departure date changes are considered reservation cancellations and are subject to cancellation fees. We strongly recommend the purchase of cancellation insurance to avoid the cost of cancellation fees. | | | | | |
| I heard about this cruise and Eddie's Travel from: | | <input type="checkbox"/> Internet: | <input type="checkbox"/> Print ad: | <input type="checkbox"/> Other: | |
| | | at: | in: | from: | |
| BANK INFORMATION Eddie Freudmann Travel Ltd Bank HaPoalim-Branch 749 Netanya ISRAEL Account #: 274409 Swift: POALILIT Please fax a copy of the wire transfer | | SIGNATURE SECTION | | | |
| Special Requests: | | On behalf of the persons named above, whose authority I have to sign this agreement, I have read the information on this cruise and accept the Terms and Conditions of the supplier and confirm the accuracy of all details provided above. | | | |
| | | Name: (please print) | | | |
| | | Signature: | | | |
| | | Date: | | | |