

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:	SPAIN & ITALY CRUISE on the Costa Concordia	
CRUISE DATE:		
BOOKING:	<input type="checkbox"/> Cruise only (no flights)	<input type="checkbox"/> Cruise and flights from Israel
OPTIONAL EXTENSIONS:	<input type="checkbox"/> Pre Cruise Rome	
PASSENGER DETAILS	<input type="checkbox"/> 1 st / <input type="checkbox"/> 3 rd Passenger	<input type="checkbox"/> 2 nd / <input type="checkbox"/> 4 th 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:		\$500 p/p deposit is required to confirm booking			
		METHOD OF PAYMENT			
INSURANCE All passengers must be adequately insured.		<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: *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"/> no I will arrange my own insurance	Name of insurer:	<input type="checkbox"/> Visa		<input type="checkbox"/> MasterCard	
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 & CVV number:			
CANCELLATION FEES (days prior to departure)			PAYMENT TERMS		
91 days & more: 50% of deposit			\$500 deposit per person is due at time of booking		
90 - 61 days: 50% of total			Payment in full is due 90 days before sailing		
Less than 61 days: 100% of total-no refund					
Penalties will apply to any part of this booking that is cancelled and will apply to all travel, including cruise, pre cruise, land arrangements, and airfare. 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. All bank charges including bank of remitter & intermediary bank should be paid by remitter					
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/BIC: POALILIT IBAN #IL012749000000274409 Please fax copy of transfer +972-2-992-9802		SIGNATURE SECTION 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.			
Special Requests:		Name: (please print)			
		Signature:			
		Date:			