

11-Day Remarkable Rainforests Personal Preference & Sign Up Sheet

My Legal Name : _____ DOB _____ Passport # _____ Exp. _____
As it appears Passport - No Nick Names or Shortened Names mm/dd/yyyy Required Before You Travel mm/dd/yyyy

Companion's Name : _____ DOB _____ Passport # _____ Exp. _____
As it appears Passport - No Nick Names or Shortened Names mm/dd/yyyy Required Before You Travel mm/dd/yyyy

My Billing Address : _____

City : _____ State / Country : _____ Zip / Postal Code: _____

Phone's : () _____ Cellular : () _____ Email : _____

Emergency Contact Person: _____ 24 HR. Phone () _____

In order to register your personal preferences correctly - please CIRCLE or FILL-IN-THE-BLANKS to each of the following questions when making your reservation with Cook's Travel Center. Should this form have BLANK SPACES then common prerequisites or NO will be assigned. Changes will not be permitted or taken over the phone once final payment is made.

1. I am requesting an : Inside - No Window Cabin or Ocean View - Outside Cabin or Balcony Cabin or Balcony Plus

2. I am requesting Cabin Grade : _____ I would like my Cabin Location : Forward Amidships Aft
See Front Side 1, 2, 3 Etc. (Near The Bow) (Middle of the Ship) (Back of Ship)

3. I will require Airfare w/transfers to get to this ship : YES NO My Gateway : _____

4. I would like the Additional Central Florida Bus Transfer Program to the ship, if available: YES NO

5. I have a U.S. Passport : YES NO If No, What Passport COUNTRY: _____

6. I am a Repeat Passenger with this Cruise Line: YES NO

7. I am a : Smoker or Non Smoker (Most Public Rooms & Cabins Are Smoke Free With Designated Smoking Areas)

8. I would like to seated at a : Small (2-4 person) Medium (4-6 person) Large (6-8 person) Dinner Table.

9. I would like the PRESET : Main 6:15 p.m. or Late 8:15 p.m. Dinner seating. (Specialty venues & options may also be available onboard)

10. I will be traveling with Post Number : _____ please cross-reference.
(Include Post Number or Last Names of Your Friends)

11. _____ is celebrating a: Birthday Anniversary Year # : _____ Date on Ship : _____
Name of the Person Celebrating Requested On Trip

12. I am a: Vegan or I only eat : Kosher Foods My Name: _____

13. I am HANDICAPPED or in need of a SPECIAL consideration for my health condition, if it is available : YES NO

List your name & requirement : _____

14. YES, I Am or NO, I'm Not interested in information pertaining to Cancellation Insurance & Travel Protection.

If travel insurance question is not circled yes - NO is acknowledged and the buyer fully understands he / she could be subjected to the following: Cancellation/Communication/Change/Professional/Research/Service Fees imposed by Cook's Travel Center that will not exceed the buyers total charges, deposit paid, or a percentage of the total charges depending on the cancellation date. This fee is above and beyond any cancellation/communication/change/service fee imposed by the travel supplier and could result in the loss of the buyers deposit or entire payment in full should they cancel and not purchase some form of travel insurance. Cook's Travel Center is strictly a commissionable representative for various travel suppliers and will not be held liable or accountable for incidents resulting in a claim for recovery without the recommended insurance coverage as outlined and offered by Cook's Travel Center.

\$100.00 per person deposit is required before June 30, 2010 Final payment date August 18, 2010.

Credit Card Number: _____ Back 3 #'s _____ Exp: _____
VISA, MASTER CARD or AMERICAN EXPRESS ONLY American Express Has 4 On The Front Imprinted

Or make a check payable to Cook's Travel Payment Amount: \$ _____

Passengers Signature: X _____
(Required at all times)