

2009 NAASC CONGRESS - SKÅL CRUISE/TOUR BOOKING FORM

Please Fax the Completed Cruise Reservation Form to (360) 862-0182

(circle one)

12 NIGHT FAIRBANKS TO VANCOUVER CRUISE/TOUR MAY 11TH - 23RD 2009

7 NIGHT WHITTIER TO VANCOUVER CRUISE ONLY MAY 16TH - 23RD 2009

Stateroom Type (circle one)

Balcony cabin Mini-Suite cabin
Ocean View (obstructed) cabin
Ocean View (unobstructed) cabin
Inside cabin

Date of Birth

Pax #1: ___/___/___

Pax #2: ___/___/___

Passenger 1 Legal Name:
(Your Name, as it appears on passport)

Mr/Mrs/Ms/Other _____
(Circle one)

Passenger 2 Legal Name:
(Guest's Name, as it appears on passport)

Mr/Mrs/Ms/Other _____
(Circle one)

Address:

Citizenship:

Pax #1: _____
Pax #2: _____

City:

State:

Zip:

Day Phone:

Evening Phone:

E-mail:

SKÅL Club:

Bed Configuration:
(Circle One)

Twin or Queen

Special Occasions:
(Birthday, Anniversary, etc.)

Dining:
(Please circle one)

1st Sitting 2nd Sitting Personal Choice

Captain's Circle Number:

Payment of the per person deposit may be made by Credit Card or Check, made payable to R&D CRUISES and TOURS (please state amount) (PLEASE CALL DO NOT E-MAIL CARD #)

Type of Card: _____

Amount: _____

Number: _____

Expiration Date: _____

Name on Card: _____

Billing Address: _____

(If different from above)

We strongly recommend the purchase of trip cancellation insurance (premiums are non-refundable).

PASSPORTS ARE REQUIRED FOR SAILING. Please check with your local government for VISA and other I.D. requirements.



Questions, please call:
Toll-Free: 800-988-9282
E mail: heidi@rdcruises.com
Fax: 360-862-0182

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