

Reservation Form

Please mail or fax your completed form to Fathom Expeditions at (416) 646-2701



Expedition Cruise to South Georgia & the Falkand Islands *October 3-17, 2009*

Name 1 _____ Date of Birth1 _____

Name 2 _____ Date of Birth2 _____

Address _____ Passport 1 # _____

City, State, ZIP _____ Passport 2 # _____

Home Phone () _____ Work Phone () _____

Fax () _____ E-mail _____

Name(s) on passport if different from above: _____

Please indicate your choice of accommodations:

- C Twin Cabin, Shared Facilities
- B Twin Cabin, Semi-Private Facilities
- A Twin Cabin, Private Facilities
- AA Superior Cabin, Private Facilities
- Shackleton Suite, Private Facilities

Accommodations Twin Share (*roommate to be assigned*) Single

Send me information on **Return Flights from Santiago to Port Stanley**: Yes No

Send me information on your **Pre-Trip Land-Based Patagonia Extension**: Yes No

Send me information on your **Post-Trip Puerto Madryn (Killer Whales) Extension**: Yes No

Deposit Information:

- Enclosed is my deposit check for \$ _____ (25% per person of the program costs in US \$)
payable to *Fathom Expeditions Inc.*

OR

- Please charge 25% deposit in US \$ per person to Visa Mastercard American Express

Account # _____ Expiration date ____ / ____

_____ Date _____

Authorized Cardholder Signature

Note: credit cards are run through our travel partner K.Benn Travel.

I/We have read and agree to the terms and conditions of the trip as described in the trip brochure.

Signature _____ Date _____

Signature _____ Date _____

Please complete and return this form with your deposit of 25% per person of the program cost to Fathom Expeditions,
416 Moore Ave., Suite 204, Toronto, Ontario, Canada, M4G 1C9. Tel: 1 800 621-0176, Fax (416) 646-2701,
e-mail: info@fathomexpeditions.com