

# Reservation Form

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



## **PURE ANTARCTICA Voyage** *Onboard Polar Pioneer, February 2012*

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:

- Lower Quad Private
- Lower Twin Private
- Main Twin Private Porthole
- Main Twin Private Window
- Upper Twin Private Window
- Superior Private
- Suite
- Owners Suite

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

I am / We are:  Non-smokers  Smokers

### **Deposit Information:**

- Enclosed is my deposit check for \$ \_\_\_\_\_ (USD \$1,500 per person) payable to *Fathom Expeditions Inc.*

OR

- Please charge USD 1,500 deposit 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, 8 Price Street, Suite 200, Toronto, ON, Canada, M4W 1Z4. Tel: 1 800 621-0176, Fax (416) 646-2701, e-mail: [info@fathomexpeditions.com](mailto:info@fathomexpeditions.com)