

Reservation Form

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



Spirit of Shackleton Antarctic Voyage January 23 – Feb 05, 2006

1. Name1 _____ Date of Birth1 _____

2. Name 2 _____ Date of Birth 2 _____

Address _____ 1. Passport1 # _____

City, State, ZIP _____ 2. Passport2 # _____

Home Phone () _____ Work Phone () _____

Fax () _____ E-mail _____

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

- Please indicate your choice of accommodations:
- Triple Cabin
 - Double Cabin
 - Superior Cabin
 - Mini Suite
 - Shackleton Suite

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

I am / We are: Nonsmokers Smokers

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 accepted for deposits only.

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

Signature _____ Date _____

Signature _____ Date _____

Please complete and return this form with your deposit of 25% per person of the program cost to Fathom Expeditions, 67 Yonge St., Suite 1001, Toronto, Ontario, Canada, M5E 1J8. Phone: 1 800 621-0176, Fax (416) 646-2701, e-mail: info@fathomexpeditions.com.