

# Reservation Form

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



## Spirit of Shackleton Antarctic Voyage February 22 – March 5, 2007

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:
- Triple Cabin
  - Twin Cabin – Shared Facilities
  - Twin Cabin – Private Facilities
  - Superior Suite
  - Shackleton Suite

Accommodations  Twin  Share (roommate to be assigned)  Single

I am / We are:  Nonsmokers  Smokers      Boot Size 1 \_\_\_\_\_ 2 \_\_\_\_\_

### 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 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. Tel: 1 800 621-0176, Fax (416) 646-2701, e-mail: [info@fathomexpeditions.com](mailto:info@fathomexpeditions.com)