

Booking number:	 	 _	_	 _	_	_
Departure date of your cruise:	 	 _	_	 	_	-
Your ship:	 	 _	_	 _	_	-

- - -

## **IDENTITY FORM**

## Please return this form duly completed, accompanied by a photocopy of your passport(s)

	1 <sup>st</sup> passenger	2 <sup>nd</sup> passenger
Last Name (As stated in your passport)		
First name		
Title (Mr./Mrs./Miss)		
Address		
Zip code		
City & State		
Country		
Occupation		
Mobile Phone		
e-mail address		
Emergency contact (Last Name, first name & phone n°)		

Preferred language of communication		
Dietary restrictions or food allergies Medical Conditions		
Preferred bedding	Separate beds	OR Double bed
Any other information we should be aware?		

Please fill out the table below if you are arriving or departing on alternate dates and have purchased your flights independently. This will assist us managing your stay with us.

♦ Your flight(s) ♦

	Date	Flight n°	Airline company	Departure airport	Departure time	Arrival airport	Arrival time	Class
Outbound Flight								
Return Flight								

Head Office : 408 avenue du Prado-Marseille 13008-Tel : 04 88 66 64 00 Fax : 04 88 66 65 78 COMPAGNIE DU PONANT, Société au capital de 3.644.607 euros APE : 611A-Siret 34441901100025-RCS Marseille 1988 B 00479 TVA Intracommunautaire FR8234449701100017-Responsabilité Civile Professionnelle : AA714708 IMMATRICULATION ATOUT France: IMO13120040-GARANTIE and CAUTION: APST



## INSURANCE INFORMATION

We strongly recommend that all travelers purchase insurance covering trip cancellation, interruption travel delay, baggage delay or loss, medical expenses, and travel accident protection. Please note that we must have each adult participant's signature.

- I (we) have chosen not to purchase any Travel Insurance. I (we) understand that I (we) am responsible for the cancellation penalties as listed in the brochure, should I (we) be forced to cancel my (our) trip for any reason. I (we) also understand that I (we) am responsible for any emergency medical evacuation costs.
- □ I (we) have chosen to purchase Travel Insurance.

**IMPORTANT**: Please list the name, address and telephone number of your insurance provider (Travelex or other) as well as the policy number below. (We need this in case of emergency medical evacuation.)

TRAVELINSURANCEPROVIDER&POLICYNUMBER

## SIGNATURE

USA/Americas	A/Americas Australia/Asia/Pacific		
usreservations@ponant.com	reservations.aus@ponant.com	contact@ponant.com	
Or Fax: 212 774 1560	Or Fax: 02 8920 0756	Or Fax : 04 88 66 65 78	
Or Ponant Cultural Cruises &	Or PONANT, Ground Floor, 3 Eden	Or Ponant - 408 avenue du Prado -	
Expeditions 132 E 70th St. New York,	Street, North Sydney – 2060 NSW	Marseille 13008 France	
NY 10021	Australia	Phone : 04 88 66 64 00	

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