

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 st passenger	2 nd passenger
Last Name <i>(As stated in your passport)</i>		
First name		
Title <i>(Mr./Mrs./Miss)</i>		
Address		
Zip code		
City & State		
Country		
Occupation		
Mobile Phone*		
e-mail address* <i>Please specify if you do not have an email</i>		
Emergency contact <i>(Last Name, first name & phone n°)</i>		

*** In order to contact you regarding any changes to your trip, please advise us your e-mail address and your mobile contact.**

If you DO NOT wish to receive any promotional material from PONANT, please circle the word "unsubscribe"

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?		

If you have purchased your flights independently, please provide flight details below.

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

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. It is important that medical evacuation cover from remote destinations is included. 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/America’s	Australia/Asia/Pacific	Rest of the World
<p>usreservations@ponant.com Or Fax: (646) 517-0366 Or Ponant Yacht Cruises & Expeditions 420 Lexington Avenue, Suite 2838 New York, NY 10170</p>	<p>reservations.aus@ponant.com Or Fax: 02 8920 0756 Or PONANT G.01, 1 Cassins Avenue, North Sydney, 2060 NSW Australia</p>	<p>contact@ponant.com Or Fax : 04 88 66 65 78 Or Ponant - 408 avenue du Prado - Marseille 13008 France Phone : 04 88 66 64 00</p>