

BOOKING FORM

HURTIGRUTEN BROCHURE JANUARY 2009– MAY 2010

	LEAD NAME	2ND PERSON	3RD PERSON	4TH PERSON
Titles (Mr, Mrs, Miss, Dr)				
Surname				
First names in full				
Name on passport (if different)				
Date of birth				
Hurtigruten travel insurance*	Yes/No	Yes/No	Yes/No	Yes/No
Home address				
	Postcode	Postcode	Postcode	Postcode
Daytime telephone number				
Mobile number				
Email address				
Emergency contact name				
Emergency contact address				
	Postcode	Postcode	Postcode	Postcode
Emergency contact tel. no.				

*INSURANCE

Insurance premiums will be automatically added to your invoice unless you tick NO above and complete the following: I have taken an alternative Travel Insurance, which provides cover comparable or greater than that provided by the Hurtigruten Limited policy, including cancellation cover for all causes beyond my control. No premiums can be refunded once insurance has been effected.
NB: Insurance available to residents of UK and Ireland only.

My insurers are _____

24 hour emergency contact number _____

Signed _____

HOLIDAY DETAILS

Tour name _____

Departure date _____

Departure airport _____

Name of ship _____

Cabin accommodation and category _____

Extensions _____

Excursions _____

SPECIAL REQUESTS (eg: vegetarian meals, wheelchair, etc)

We shall do our best to meet these special requirements, although we cannot guarantee them.

How did you first hear about Hurtigruten?

Westgate Travel Worldchoice
91 Talbot Road, Talbot Green
Mid Glamorgan CF72 8AE

Agent's reference _____

Total holiday cost _____

Agent No. **90295**

Booking reference _____

PAYMENT AUTHORITY

I enclose: Cheque (Payable to Westgate Travel)
 PO Credit Card Authority for:

Deposit/s (Hurtigruten Norwegian Coastal

Voyages £250pp

Hurtigruten Explorer Voyages £500pp)

£ _____

Total amount (within 10 weeks of departure)

£ _____

Please carbon neutralise my flights

(Norway £5pp, Greenland £8pp, Antarctica £30pp)

£ _____

Travel Insurance Premiums (payable now)

£ _____

Total enclosed

£ _____

I certify that I am authorised to make this booking on behalf of the persons named above and that I am responsible for ensuring due payment of all monies payable in respect of this booking and I have read and agree to accept the Booking Conditions and the Essential Information, including the Data Protection policy, (brochure pages 122 - 128) and if applicable the details of insurance.

Signature _____

Date _____

Please remember to sign the booking form. If you are paying by Credit Card, you must sign the credit card authority box as well as this box.

CREDIT CARD PAYMENT

I wish to pay by: Mastercard Visa Amex Maestro Debit Card

The deposit and insurance only The deposit

The balance (which will be debited 10 weeks before departure, see Payment Info.)

Card number: □□□□ □□□□ □□□□ □□□□ Issue No. _____

Expiry date: □□/□□ Start date: □□/□□

Cardholder name: _____

Cardholder address: _____

Signature: _____

Credit card charges: No charge will be made for deposits or insurance premiums paid by Credit or Debit Card/Maestro/Delta and no charge will be