

BOOKING FORM

Booking Ref	Voyage No.	No. of Days	Ship	Cruise Dep. Date	Suite Type & No.

Silversea Air Programme Yes No

UK Departure Airport: **Flight Dates** (if different from tour)

London Outward _____

Other* Return _____

* Regional departure airports as detailed on page 100

Optional Hotel/Resort Extensions

Name	Date In	Date Out

Name for Guest One (as it appears on your passport)

Last Name	First Name	Middle
Home Address		Post Code
Special Requests		

Name for Guest Two (as it appears on your passport)

Last Name	First Name	Middle
Home Address		Post Code
Special Requests		

Telephone Number _____

Flight Supplements

First Class

Business Class

Economy Plus




Economy

Rate (per guest)

Total Flight Supp	
Total Hotel Supp	
GRAND TOTAL	
10% Cruise Deposit	
*Air Programme Deposit	
Remittance Enclosed	

*In addition to the 10% cruise deposit, each guest purchasing the Silversea Air Programme for air travel within Europe are required to pay a per person non-refundable deposit equal to the full amount of the Silversea Air Programme fare. Airline tickets issued for travel within Europe are highly restricted. Refer to pages 117-118 of the 2009 Voyage Atlas for applicable terms and conditions.

<p>Travel Insurance</p> <p>Please state details of travel insurance in the space below. Refer to page 119 for further details of travel insurance arrangements.</p>	<p>Declaration of Health</p> <p>Are all passengers mentioned above in sound health, both physically and mentally, and suffering from no illness, complaint or infirmity of any description, including pregnancy?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO (if no, please state all necessary details)</p>
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<p>PAYMENT BY CREDIT CARD <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> </p> <p>please tick as appropriate</p> <p><input type="checkbox"/> Please charge DEPOSIT / FULL PAYMENT to my credit card a/c. <input type="checkbox"/> Please charge BALANCE PAYMENT (on due date) to my credit card a/c.</p> <p>(Please delete as appropriate) CREDIT CARD NUMBER <input type="text"/></p>	<p>Start Date _____</p> <p>Expiry Date _____</p>
<p>Signature _____ Date _____</p> <p>Name _____</p> <p>Address _____</p>	

I have read and agreed on behalf of all persons named above to accept the Holiday Contract Terms and Conditions. I am over 18 years of age.

Signature _____ Date _____

The person signing the booking form does so on his/her own behalf and on behalf of all the other persons named on the booking form. In signing he/she warrants that he/she is authorised to do so by everyone on the Booking Form and accepts all Holiday Terms and Conditions.

Travel Agency Stamp

Westgate Travel trading as :
COASTAL CRUISES
 91 Talbot Road, Talbot Green,
 Pontyclun, Mid Glamorgan CF72 8AE
 Tel : 0845 430 9714 ABTA : 90295

DATA PROTECTION ACT 1994 Information provided by you in connection with your booking will be held by Silversea Cruises (UK) Limited in accordance with the Data Protection Act 1994. It will be used for reservation, booking, ticket issue and marketing. You may have a copy of the personal information held about you by writing to Silversea Cruises (UK) Limited at the address shown above. Silversea Cruises (UK) Limited reserves the right to make a charge for supplying you with this information which at the time of printing this form amounts to £10.00.

GUEST INFORMATION

Thank you for your assistance in completing this questionnaire. The following information is required for Customs and Immigration purposes and must be returned to Silversea with your Booking Form, before any cruise documents can be processed.

Guest's Name (as it appears on your Passport)

Last Name First Name Middle Initials Title

Home Address
 Post Code

Home Telephone Number Mobile Number Venetian Society I.D. Number

Date of Birth Place of Birth Nationality as per Passport

Passport Number Issue Date Expiry Date City of Issue

Occupation Email Address

List any flight servicing requirements, ie: wheelchair assistance, preferred seating, other*:

Do you have any special dietary requirements? Low Fat Low Sodium Vegetarian Sugar Free Other (please list):

Guest's Name (as it appears on your Passport)

Last Name First Name Middle Initials Title

Home Address
 Post Code

Mobile Number Venetian Society I.D. Number

Date of Birth Place of Birth Nationality as per Passport

Passport Number Issue Date Expiry Date City of Issue

Occupation Email Address

List any flight servicing requirements, ie: wheelchair assistance, preferred seating, other*:

Do you have any special dietary requirements? Low Fat Low Sodium Vegetarian Sugar Free Other (please list):

In case of emergency whom shall we contact?

Name Relationship

Home Telephone Number Work Telephone Number

Address Post Code

Name of Insurance Company Telephone Number

We would like to make your Silversea cruise all that you are expecting and more. Please take a few moments to answer the following questions so that we may better serve you.

How would you like your suite arranged? Queen Bed Twin Beds

Please indicate your choice of pillow: Soft Goose Down (Silversea's standard pillow) Firm Goose Down Synthetic Hypoallergenic Therapeutic Foam

Will you be celebrating a special occasion at sea? Anniversary (Date: _____) Birthday (Date: _____)

Honeymoon Other occasion:

Please list any physical limitations for which you may require special assistance:

How would you like your name(s) to appear on the Silversea Passenger List? Please do not list my name

Are you travelling with any other guests on this voyage? Please list their names:

How did you hear about Silversea (please tick all applicable)

Newspaper Ad Magazine Ad Friend/Relative Travel Agent Brochure Travel Show or Presentation Other

*Refer to pages 117-118 of the 2009 Voyage Atlas for Terms and Conditions applicable to booking the Silversea Air Programme.