

Alaska Cruise Registration Form

ONE FORM PER CABIN

PASSENGER INFORMATION

Enter passport legal information and attach scanned copy of passports. (PAX MIN:1*, MAX:4+)

	Title	First Name	Middle	Last Name	Gender	Birthdate	Citizenship	Celebrity/ Royal Caribbean Loyalty Number	Aeroplan	US/CAD Military/Fire Police/EMT
1	Mr Mrs Ms				m f	mm/dd/yy				
2	Mr Mrs Ms				m f	mm/dd/yy				
3	Mr Mrs Ms				m f	mm/dd/yy				
4	Mr Mrs Ms				m f	mm/dd/yy				

*Single supplement: 200%, + 3rd & 4th reduced rate

Contact Information:

	Street	City	State/ Prov	Country	Zip/ Postal	Phone	Email
1							
2							
3							
4							

CRUISE ACCOMODATION:

Cabin Type:

- Inside
 Oceanview
 Balcony
 Mini Suite
 Suite

Cabin Location:

- Forward Upper
 Midship Mid
 Aft Lower

Special Needs:

- Wheelchair Accessible Cabin
 Wheelchair Port Assistance
 Dietary (Specify: _____)
 Medical (Specify: _____)
 Other (Specify: _____)
 Crib/rollaway

TRANSFERS:

- From Marriott Richmond to Canada Place before cruise
 From Canada Place to Marriott Richmond after cruise

INSURANCE:

- Opt Out
 Request quote for Travel Cancellation, Trip Interruption, and/or Out Of Country Medical

RESERVATION & PAYMENT:

Email or fax completed registration form to:

Email: glieuson@cruiseshipcenters.com
Fax: (604) 430-9279

Payment by credit card via:

Skype: genevieve.lieuson
Tel: (604) 430-9279