

LEARNING AT SEA

BOOKING INFORMATION

AGENT INFORMATION

Agent first Name: _____
Agent Last Name: _____

Agent Citizenship: _____
Agent Passport Number: _____

Agent Date of Birth: MM ____ DD ____ YYYY ____

Credit Card Billing Address: _____

City / Province / State _____
Postal / Zip Code _____

Agent E-mail: _____
Home Phone: () _____
Home Fax: () _____

CLIA / IATA / ARC _____

AGENCY INFORMATION

Agency Name: _____

Agency Address: _____

City / Province / State _____

Agency Phone: () _____
Agency Fax: () _____

TRAVEL COMPANION INFORMATION

First Name: _____
Last Name: _____

Companion's Citizenship: _____
Passport Number: _____

Date of Birth: MM ____ DD ____ YYYY ____

CREDIT CARD INFORMATION

Enter Credit Card information below OR pay by overnight check

Cards Accepted: VISA, MASTERCARD

Credit Card Holder Name: _____

Card Number: _____

Expiration Date: MM _____ YYYY _____

3 digit security code on back of card: _____

Optional Trip Cancellation & Interruption Insurance

If you would like to add Trip Cancellation & Interruption Insurance to your cruise total, please indicate here: "Would like Insurance" _____(signature)

We will advise amount with confirmation.

Cancellation Charges:

A \$100 per person administration charge will be imposed for any change or cancellation 90 days or greater before departure. A \$300 per person charge 90 – 46 days before departure. NO REFUND 45 – 0 days prior to departure. Name change fees subject to individual cruise line.

The International Institute of Travel / Astor Travel Services neither guarantees nor insures the service to be provided by any carrier and shall assume no responsibility to liability for actions beyond its own control in connection with the services to be provided. The International Institute of Travel / Astor Travel Services is not responsible or liable for any act, error, omission, injury, loss, accident, delay, nonperformance, or any other irregularity, or any consequences resulting there from, which may be occasioned through the neglect, default, or any other action of the company, carrier, or person engaged in carrying out the purpose for which tickets have been issued. All correspondence with the cruise lines MUST be through International Institute of Travel / Astor Travel Services. Cruise line changes to itinerary, cabin assignments and sailings are not the responsibility of the International Institute of Travel / Astor Travel Services. International Institute of Travel / Astor Travel Services assumes no responsibility for any changes or cancellations made by the cruise lines. All cancellations must be received in writing in accordance with the above schedule.

Your Signature (required) _____

Your signature indicates that you have read the entire contract including the cancellation & insurance charges and agree to charge your credit card. If you do not want the optional insurance, you will need to fax in the application with the notation saying your are DECLINING the insurance, otherwise the insurance will be added for your protection.

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All booking arrangements are made through ASTOR TRAVEL SERVICES, a sister Company to the International Institute of Travel. (Ontario registration #3001459)

**1240 Bay Street, Suite 302
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Fax: 416 924 9632
E-mail: astor99@ica.net**

PLEASE FAX COPY OF THE ABOVE APPLICATION ALONG WITH A COPY OF YOUR CLIA / ACTA / IATA CARD TO THE ABOVE.