



CRUISE REGISTRATION



Please complete one "Cruise Registration" form per cabin requested. If you have questions about any of the options, please do not hesitate to contact us at the phone number or email provided below.

2017 Annual Conference
September 9 – 13, 2017

Traveler Names	
Traveler 1	
Traveler 2	
Cruise Selection	Cruise Preferences
<i>Celebrity Cruises</i> Tracy Arm Fjord Cruise September 1 - 8, 2017	Preferred Cabin Type Inside Oceanview Verandah Suite
<i>Holland America Cruises</i> Alaskan Explorer Cruise September 2 - 9, 2017	
<i>Un-Cruise Adventures</i> Discoverer's Glacier Country September 2 - 9, 2017	Preferred Dining (May not be available for all cruise types) Early Dining Reservation Late Dining Reservation Open Seating - No reservation required Will you be interested in purchasing a beverage package? Yes / No <i>*We will review pricing options with you</i>
<i>Holland America Cruises</i> Alaskan Explorer Cruise September 16 - 23, 2017	
<i>Linblad Expeditions</i> Pacific Northwest: Exploring British Columbia & the San Juan Islands September 14 - 21, 2017	Do you need assistance with flights to and from your cruise? Yes / No Gateway City: _____ Preferred Departure Date: _____ Preferred Arrival Date: _____
Would you like a quote for a travel protection policy plan? Yes / No	



TRAVELER QUESTIONNAIRE

*Please have each traveler complete the following questionnaire.
Questionnaires for children under the age of 18 should be completed by a
parent or legal guardian.*



Personal Information

Full name (as appears on passport)	
Nickname/Preferred name	
Spouse's name	
Children's names ages & birthdays (if traveling with you)	
Home address	
Home phone	
Mobile phone (advise if it has international access while traveling)	
E-mail address	
Birthday (MM/DD/YYYY)	
Nationality & Passport number	
Passport expiration date	

Travel Preferences

Airline frequent flyer#1	
Airline frequent flyer#2	
Airline frequent flyer#3	
TSA Pre-check or Global Entry#	
Preferred seat (window/aisle)	
Preferred hotel chains	
Hotel chain membership#1	
Hotel chain membership#2	



Emergency & Medical Information

Emergency contact name and relationship	
Emergency contact's phone	
Doctor's name and phone	
Known medical conditions	
Environmental or medical allergies	
Food allergies or dietary restrictions	
Medications	

Additional Information

Any special celebrations during travel dates?	
Favorite foods	
Favorite beverages	
Anything else that would improve your trip experience? What are you most excited about seeing or experiencing?	

Credit Card Details

Credit Card Number	Expiration Date	Billing Address	3-Digit Code (4 for AMEX)
Phone number associated with credit card			

*Please complete by typing directly into the form and returning by email to **Cruises@shworldwide.com**, along with a scanned copy of the photo page of each traveler's passport.*

Thank you!