

MEDITERRANEAN CRUISES BOOKING FORM

THE MATISSE CRUISE (CV 260) 15–24 APRIL 2009

IN PURSUIT OF CARAVAGGIO (CW 416) 20 SEPTEMBER–2 OCTOBER 2009

THE ROMANS IN AFRICA (CW 432) 2–13 OCTOBER 2009

CLASSICAL CIVILIZATIONS OF THE AEGEAN (CW 450) 13–25 OCTOBER 2009

ANCIENT GREEK PHILOSOPHY (CW 464) 25 OCTOBER–5 NOVEMBER 2009

TRAVELLERS' NAMES as you would like them to appear on documents issued to other participants.

1. _____

2. _____

CABINS AND SUITES Choose a category A, B, C, etc. (see pages 16 and 49) and tick one of the three configuration options.

CATEGORY

TWIN
beds
separated

TWIN
beds
together

SINGLE
twin for sole
occupancy

MS Columbus: in Categories G and J the twin beds cannot be together.

FLIGHTS

Write your preferred option 1, 2, 3, etc. (See the Flights section in each cruise description.)

No-Flights. If you are making your own travel arrangements, tick this box.

EXTENDING YOUR HOLIDAY

The Matisse Cruise Tick a hotel and specify room type and dates.

Hotel Larios

Hotel Molina Lario

Room type

Dates, from:

to:

No. nights:

We can book hotels before and after other cruises. Details will be sent in due course.

PRE- AND POST-CRUISE TOURS

The Matisse Cruise

Pre-cruise Madrid and Málaga. Tick to book.

Pre-cruise Semana Santa in Spain. Tick to request full details.

In Pursuit of Caravaggio

Pre-cruise Caravaggio, Lombardy to Rome. Tick to book.

Pre-cruise The Heart of Italy. Tick to request full details.

Pre-cruise Ancient Rome. Tick to request full details.

The Romans in Africa

Post-cruise Minoan Crete. Tick to request full details.

Classical Civilizations of the Aegean

Post-cruise Istanbul. Tick to book.

Ancient Greek Philosophy

Pre-cruise Istanbul. Tick to book.

ADDRESS for correspondence. In block capitals.

Postcode

Telephone (home)

Telephone (work)

Fax

Email

YOUR NEXT OF KIN or contact in case of emergency.

Name

Address

Postcode

Telephone

Relationship

DIETARY REQUESTS and anything else you think we should know.

PASSPORT DETAILS In block capitals. These are essential in case of emergency and for visas.

Title	Surname	First names	Nationality	Place of residence
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Date of birth DD/MM/YY	Place of birth	Passport Number	Place of Issue	Date of Issue DD/MM/YY	Date of Expiry DD/MM/YY
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

<p>PAYMENT</p> <p>EITHER Deposit(s) Deposits are per person £</p> <p>_____</p> <p>OR Full Payment £</p> <p>_____</p>	<p>EITHER BY CHEQUE I enclose a cheque payable to Martin Randall Travel Ltd. Please write the cruise code on the back (eg CV 260).</p> <p>OR BY CREDIT/DEBIT CARD I wish to pay by Visa, Mastercard, Amex or Switch/Maestro. Please charge my account.</p> <p>Account no. _____</p> <p>Expiry date _____</p> <p>Issue no. (Switch/Maestro only) _____</p>
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I have read and agree to the Booking Conditions on behalf of all listed on this form.

Signature _____ **Date** _____

MARTIN RANDALL TRAVEL

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