



TOUR REGISTRATION

Journey to Antarctica: The White Continent

January 17-30, 2021

INSTRUCTIONS: Please read and complete the information and email or mail back to Jeanie's Journeys with your deposit as soon as possible. VERY LIMITED SPACE, First Come, First Serve.

NAME(as it appears on Passport) _____
First Middle Last

BIRTHDAY: _____ **PASSPORT NUMBER:** _____
(needed to book airfare)

ROOMMATE(if Applicable): _____
First Last

ADDRESS: _____
Street City

State Zip

PHONE: _____ **EMAIL:** _____

CABIN:(price per person sharing)

Lower Outside: _____ \$18,999 **Main Deck:** _____ \$19,999 **Middle Outside:** _____ \$20,549
Upper Outside: _____ \$21,799 **Balcony:** _____ \$25,399 (single VERY limited, call for details)

PEOPLE PER ROOM: One ____ Two ____ **SLEEPING ARRANGEMENTS:** 1 Bed ____ 2 Beds ____

Please check one: **\$750 Deposit** to hold your place _____ (A Second deposit of \$1,000 Due by July 17, 2020) or **Full Amount of** _____

I would like trip insurance at \$975 per person. Please check one: **Yes** ____ **No** ____
If you don't check anything we will put you down as a YES for Insurance.

PAYMENT: Please check one: **CHECK:** _____ **CREDIT CARD:** _____ (see second page for authorization form)

Final payment: September 17, 2020

If you have any questions or need help with registration call 612-229-5276 or Jeanie@Jeanies-Journeys.com

Note: _____

What Group/Center are you signing up with? _____

Checks are preferred. Please make checks out to Jeanie's Journeys & Mail to:

Jeanie's Journeys
P.O. Box 480042
Minneapolis, MN 55448

Price subject to change until paid in full. Please see terms and conditions for more details & flyer for cancellation policy.



If paying by credit card, please complete this form and return to Jeanie's Journeys. We can only charge your credit card for the amount noted if the signature, address and phone number are listed below. Thank you!

CREDIT CARD AUTHORIZATION FORM

TOUR: Journey to Antarctica: The White Continent
aboard the National Geographic Explorer

DEPARTURE DATE: January 17, 2021

GROUP NAME: Jeanie's Journeys

Name of Passenger:

Salutation: _____ First Name: _____ Middle Initial: _____ Last Name: _____ Suffix: _____
(Mr., Mrs., Rev.) (Please print as it appears on Passport) (Jr., Sr.)

Cardholder Name: _____
(Please print as it appears on your Credit Card)

Cardholder Address: _____
(as it appears on your credit card statement)

Cardholder Phone: _____

Credit Card Type: ___ American Express ___ Discover ___ MasterCard ___ Visa

Credit Card Number: _____

Expiration Date: _____ Amount to be charged: \$ _____

Cardholder's Signature: _____ Date: _____

I agree to pay according to the card issuer agreement. I understand and accept the cancellation policy, terms and conditions.

Participating credit card companies are now requiring a billing address and phone number for **FRAUD PREVENTION**. All information **MUST** be provided. Thank you for your cooperation! If using your credit card for payment, please return this Authorization Form by mail to:

Jeanie's Journeys
P.O. Box 480042
Minneapolis, MN 55448