

# **Registration Form & Refund/Cancellation Policy for the Relationship Cruise to Alaska with Dr. Pat Allen, June 4-11, 2006**

**Deposit \$350.00 Per Person.  
Balance due on or before March 15, 2006.**

## **Refund/Cancellation Policies:**

For this cruise, a full refund except for a \$45.00 administration and (except for amounts paid for Cancellation Protection Plan) will be made for written cancellations received by Gaia Tours, 12425 Texas Ave., Suite 15, Los Angeles, CA 90025 at least 76 days before the date on which you are to commence travel. Passengers who cancel after that date for any reason, including medical or family reasons, are subject to the following per-person administration/cancellation fees:

78 days before commencing travel to the date of deposit: \$45.00 administration fee;  
77-57 days before commencing travel: an amount equal to deposit requirement;  
56-29 days before commencing travel: 50% of gross fare;  
28-16 days before commencing travel: 75% of gross fare;  
15 days or less before commencing travel: 100% of gross fare.

Fees incurred as a result of cancellation cannot be applied to future bookings.

**Cancellation protection is highly recommended.**

## **Registration Form**

Please complete and mail to:  
Gaia Tours, 12425 Texas Ave., Suite 15, Los Angeles, CA 90025  
Phone (310) 442-2277 www.gaiatours.com

**Please write name as it appears on your valid passport.** To register complete form and mail with deposit to above address or complete credit card authorization form.

Name(s): \_\_\_\_\_ E-mail: \_\_\_\_\_

\_\_\_\_\_ E-mail: \_\_\_\_\_

\_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Office or Cell Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

**CREDIT CARD AUTHORIZATION  
for the Relationship Cruise to Alaska  
with Dr. Pat Allen, June 4-11, 2006**

PASSENGER NAME(S):

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**IMPORTANT - PLEASE WRITE NAME(S) AS THEY APPEAR IN YOUR PASSPORT(S)**

I hereby authorize the use of my CREDIT CARD in the total amount of \$ \_\_\_\_\_  
for the following services:

Deposit: \$ \_\_\_\_\_  Final Payment: \$ \_\_\_\_\_

Cancellation protection  YES  NO

CREDIT CARD INFORMATION:

TYPE:  MASTER  VISA  DISCOVER  AMEX

NUMBER: \_\_\_\_\_ EXP. DATE: \_\_\_\_/\_\_\_\_

CARD HOLDER'S NAME: \_\_\_\_\_  
(As appears on card)

BILLING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ OFFICE OR CELL: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

SIGNATURE OF CARD HOLDER \_\_\_\_\_

By signing this form I further state that I have personally read the attached TERMS AND CONDITIONS and agree to each of them. I hereby warrant that I fully understand each of them, specifically that should I cancel my trip for any reason, I will be charged the cancellation fee as set out under "Cancellations and Refunds."