

CREDIT CARD AUTHORIZATION
for “The Art of Relationships” Cruise to Alaska
with Dr. Pat Allen, July 20-27, 2008

PASSENGER NAME(S):

Important Note: Passports are required

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: \$ _____ Cancellation Protection: \$ _____ Final Payment: \$ _____

Cancellation protection YES NO If yes, check preference: standard plan platinum plan

Cabin Category - Check your preference: Inside Outside Veranda Veranda Suite

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: ____/____/____

Additional Conditions: By signing this form I further state that I have personally read the TERMS AND CONDITIONS and REFUND & CANCELLATION POLICY 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 fees as set out under "Cancellations and Refunds." Gaia Tours and Philip Friedman act only as agents for its suppliers i.e. Holland America and shall not be held liable or responsible for loss of property, injury or negligence caused by its suppliers. Gaia Tours and Philip Friedman shall not be held liable or responsible for the attendance of the program leaders i.e. Dr. Pat Allen nor for cancellation or changes of any of the seminar programs on board the ship and shall be held harmless in case of such occurrence. Subject to possible increase in taxes and fuel charges.

SIGNATURE OF CARD HOLDER _____

Please complete and mail to the address below, or FAX to: (310) 442-1195
Gaia Tours, 12425 Texas Ave., Suite 15, Los Angeles, CA 90025
Phone (310) 442-2277 www.gaiatours.com