

# Credit Card Authorization

## for the Relationship Cruise to the Caribbean with Dr. Pat Allen, December 2-9, 2007

PASSENGER NAME(S):

**Important Note: Passports are required**

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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 amount of \$ \_\_\_\_\_

for the following services: Per person cost: \$ \_\_\_\_\_

Deposit: \$ \_\_\_\_\_  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 fee as set out under "Cancellations and Refunds."

Additionally, 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.

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, CA90025  
Phone (310) 442-2277 www.gaiatours.com

CST-2062518-40