**Diagram

Description automatically generated CROATIA & MONTENEGRO CRUISE (July 18-25, 2024)**

**Treasures of Slovenia (optional - July 14-18)**

## **Booking Form**

## Passport Details (attach copy of passport photo page with booking form)

|  |  |  |
| --- | --- | --- |
| Legal Name on Passport: | | |
| Other Names: | Title: |  |
| Date of Birth: | | |
| Passport No: | Nationality: |  |
| Passport Date of Issue: | Expiry Date: |  |

Other Details

|  |  |  |
| --- | --- | --- |
| Address: Post Code: | |  |
| City: State: | Country: |  |
| Daytime Tel No: Evening Tel No: | |  |
| Mobile: Email: | |  |
| Next of Kin (in case of emergency) Name: | | |
| Relationship: | | |
| Address: | | |
| Mobile Tel: | | |

World Exposures – Croatia/Montenegro Cruise + Optional Slovenia

Croatia $5,160 per person/double

+ Slovenia Extension $1,909 per person/double = $7,069 (Pay by check OR transfer OR Zelle OR +5% credit card fee)

Deposit $3,000 due March 1,­­­­­­­­­­­­­­­ Paid date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Final Payment, balance, due: April 1, $4,069 $\_\_­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_ Paid Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­

Paid date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobility/health concerns/special needs\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies/dietary restrictions\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Payment: $

Card Details:

**Master Card Visa American Express**

**Card number: Exp Date: CVV Number: Card Holder’s Name: I Authorize this amount: USD Signature:**

**Declaration:**

## I declare that I am over 18 years of age, have read/understood and I will abide by the Booking Conditions laid down by World Exposures.



Date received ……………….

Booking ID: ……………

Signature: ……………………………….

Date: …………………………

Susan Sheats

World Exposures

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