

RESERVATION FORM  
Biblical Archaeology Society  
Seminar at Sea

Caribbean Cruise with Professor Alan Millard  
January 24-31, 2010

\_\_\_ Please enroll me (us) in the BAS Caribbean cruise aboard the *MS Westerdam* January 24-31, 2010.

Name(s): \_\_\_\_\_

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

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

Telephone (home): \_\_\_\_\_ (office): \_\_\_\_\_ Email: \_\_\_\_\_

My cabin choice is (prices are per person double occupancy; government fees and taxes additional):

**Deluxe Verandah Stateroom**

\_\_\_ Navigation or Rotterdam Deck, \$1880    \_\_\_ Upper Verandah Deck, \$1820  
\_\_\_ Verandah Deck, \$1760                    \_\_\_ Upper Promenade Deck, \$1700

**Outside Stateroom Inside Stateroom**

\_\_\_ Main Deck, \$1560            \_\_\_ Main Deck, \$1420            \* Add government fees & taxes/person  
\$55

*(subject to change at any time)*

\_\_\_ I desire a single cabin (supplemental fee, please call for price)

\_\_\_ I need information about airfare from my home city of \_\_\_\_\_

Please answer the following questions, which will help us with your travel arrangements.

**Participant 1:**

Name as it appears on your passport: \_\_\_\_\_

Passport # \_\_\_\_\_ Place of Issue \_\_\_\_\_

Date of Issue \_\_\_\_\_ Date of Expiration \_\_\_\_\_

Your Birthdate \_\_\_\_\_ Birthplace \_\_\_\_\_

Your Profession \_\_\_\_\_ Name for name tag \_\_\_\_\_

**Participant 2:**

Name as it appears on your passport: \_\_\_\_\_

Passport # \_\_\_\_\_ Place of Issue \_\_\_\_\_

Date of Issue \_\_\_\_\_ Date of Expiration \_\_\_\_\_

Your Birthdate \_\_\_\_\_ Birthplace \_\_\_\_\_

Your Profession \_\_\_\_\_ Name for name tag \_\_\_\_\_

Name to contact in case of emergency: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email \_\_\_\_\_

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

Any dietary and/or medical requirements (mobility, diabetes, etc.) of which we should be aware?

(NOTE: Cruise line must be notified of any special requirements at time of booking.) \_\_\_\_\_

**(Make a copy for your records) (Form continues on next page)**

**Please Read Carefully and Sign Below**

**Responsibility:** The Biblical Archaeology Society, Portfolio Travel, Washington, D.C., and their affiliates, assignees, representatives, cooperative agents and your travel agent act only as agents for the passenger with respect to transportation, hotels and automobile contractors. They exercise every care possible, but cannot be held responsible for personal injury in connection with the service of any airplane, train, automobile, carriage or other conveyance used in carrying out this tour, nor are they responsible for delay, accident, sickness, loss of personal property, strikes, armed conflict, additional expenses due to the weather, disruption of advertised schedules, companies or individuals engaged in the conveying of passengers; said companies or individuals are governed by the laws of the country of operation; recourse for any mishap must be filed locally. Unforeseen conditions may necessitate tour changes and the right is reserved to make such changes or withdraw the tour as deemed advisable. No changes are anticipated in this tour, but in the event it becomes necessary or advisable for the comfort or well being of the passengers to alter the itinerary arrangements, such alterations may be made without penalty to the operators. The right is also reserved to refuse to accept or retain any passengers on any tour at any time. All cooperating IATA or ARC airlines and steamship companies are not held responsible for any act, omission or event during the time the passengers are not on board; the limit of their liability is that of a common carrier and the passage contract in use by such carriers, when issued, shall constitute the sole contract between companies and the purchase of this tour and/or passenger. Participation implies agreement with the foregoing.

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

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

**Cruise Members Requesting a Roommate Assigned by BAS:** We will try to arrange roommates for those traveling alone who prefer to share a cabin with another participant. If we are unable to find a roommate and a single cabin must be assigned, or if due to cancellation, illness or any other reason, a single cabin must be assigned at any time, the cruise line’s single supplement must be paid by the tour member.

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

\_\_\_\_\_ I am enclosing a check in the amount of \$\_\_\_\_\_ (\$500 per person) payable to Biblical Archaeology Society as my initial deposit. I/we understand the balance is due by October 1, 2009

\_\_\_\_\_ Please charge \$\_\_\_\_\_ (\$500 per person) to my credit card. (MC, Visa, American Express, Discover). I/we understand the balance is due by October 1, 2009.

CARD NO. \_\_\_\_\_ EXP. DATE \_\_\_\_\_

BILLING ADDRESS:

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*(If different from registrant’s address)*

CITY/STATE/ZIP \_\_\_\_\_

**Please return: completed form (with signatures), a copy of your passport, your \$500/per person check payable to Biblical Archaeology Society or valid credit card information for the deposit and mail to:**

Biblical Archaeology Society Travel, 4710 41st St. NW, Washington, DC 20016

**For more information:**

Phone: **1-800-221-4644 x208**

Fax: **202-364-2636**

E-mail: **travelstudy@bib-arch.org**

Web site: **www.biblicalarchaeology.org/cruise**

\*Note that travel insurance is highly recommended. You are encouraged to apply within 21 days of our receipt of your deposit to receive superior coverage from the insurance. Apply within 15 days to receive quality coverage.

We will enclose insurance information with the acknowledgement/receipt as quickly as possible.

This sample is provided as a courtesy; there are many other travel insurance companies with similar offerings.