



Please return reservation to:
 Email: groups@expeditions.com
 cc: jay@bhconferencing.com
 Lindblad Expeditions
 Group Department
 96 Morton Street
 New York, NY 10014
 Phone: 888-773-9007 • Fax: 646-390-2050

RESERVATION FORM

Journey to Antarctica: 'Anaesthesia at the Extreme'

ABOARD NATIONAL GEOGRAPHIC EXPLORER

Please reserve _____ place(s) on the **November 26 - December 8, 2018***, Antarctica expedition.

**We recommend confirming arrival and departure dates before purchasing international air.*

Passport Name: _____ Date of Birth: _____

Preferred Name for Name Badge: _____

Passport Name: _____ Date of Birth: _____

Preferred Name for Name Badge: _____

Street Address (for FedEx delivery): _____

City: _____ State: _____ Postal Code: _____

Home Phone: _____ Business Phone: _____

Mobile: _____ E-Mail: _____

Accommodations: Double Single Twin share w/ travel companion
 Request to share with roommate assigned by Lindblad Expeditions (available in Cat. 1 & 2 only)

Please indicate choice of cabin category in order of preference: 1st choice: _____ 2nd choice: _____

Yes, I understand my internal charter flights: Buenos Aires to Ushuaia will be booked through Lindblad Expeditions

Yes, I am interested in Optional Extensions - please provide additional information

Charge my deposit of \$_____ (USD\$1,500 per person) to my:

Visa MasterCard American Express Discover

Account Number: _____ Expiry: _____

Cardholder Signature _____ Date: _____

SPECIAL OFFER: USD\$1,000 Air Credit