

2010 Tahiti Eclipse Land Tour

July 9 – July 15, 2010

\$3795 per person double occupancy

Visiting Tahiti Nui, Moorea and Tatakoto 7 days 6 nights

Observing on land at Tatakoto in Tuamotu archipelago

Includes accommodations at 5 star hotel properties on Tahiti, Moorea, transfer by ferry to Moorea, Flight Tahiti to Tatakoto and observing location amenities, American breakfasts daily and celebration dinner, airport transfers portorage, and all special meetings, talks, and programs.

Full Legal Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Home Phone: _____ Work Phone: _____ E-Mail _____

U.S. Passport No. _____ Date of Issue _____ Date of Expiration _____

Birthdate _____ Issuing Country _____ Nationality _____

Gender: Male Female Room Preference: Smoking Non-Smoking

Emergency Contact/ Address _____ / _____

Emergency Contact Phone _____ Relationship _____

(Emergency Contact must NOT be traveling with you)

Please contact me for air reservations. Home Departure City: _____

Do you prefer single room? Yes No. The fee is \$950 for a single room.

Would you like the Bora Bora add-on at Le Meridian? Yes The fee is \$1300 extra for a double room. \$1900 single.

Please help me find a roommate! *There will be a no-smoking policy on buses, and during meals.*

Where did you hear about this tour? Magazine Internet icstars Friend Other

Check enclosed *(Make checks payable to Astronomical Tours)*

- Our Merchant services provider will not allow us to process credit card charges more than 6 months before services are rendered. For your deposit, you may pay by check, bank wire, credit card check or money order. At this time, Credit card payment is offered only on airfare and payments within 6 months of the date of travel.

Responsibility: Eclipse Tour Directors, Astronomical Tours LLC and ICSTARS Inc act only as agents, sponsors and coordinators for the suppliers and contractors providing transportation and/or related travel services and assumes no responsibility caused for personal or property loss or damage in connection with any service resulting directly or indirectly from acts of God, detention, annoyance, delays and expenses arising from strikes, thefts, failure of any means of conveyance to arrive or depart as scheduled, civil disturbance, government regulations, discrepancies or changes in transit or hotel services over which it has no control. Airfares are subject to change by the airlines without notice. Any changes made by the passenger in their itinerary after May 1 will result in a cancellation fee. The Director reserves the right to cancel this trip for any reason and agrees to refund all monies paid by passenger less non-refundable deposits paid to airlines and hotels. Occasionally, unforeseen changes in transportation schedules or other pressing matters necessitate a change in the air or land portion of the tour. Any extra costs in such cases are the responsibility of the passenger. On advancement of deposit to ICSTARS or Astronomical Tours, the depositor therefore agrees to be bound by the terms and conditions stated.

Signed: X _____ Date: _____

Payment Schedule

Deposit of \$800 per person due on confirmation of reservation.

Second payment of \$900 per person due on October 1, 2009.

Final payment due March 1, 2010.

* Late registration fee of \$250 per person applies for registrations after April 1, 2010

Optional Trip Insurance

Optional Tour and Travel protection insurance is available for \$295pp. Trip insurance protects you in the event of trip cancellations, delays, and medical expenses. Insurance must be purchased before the time of your final deposit and offers protection for pre-existing medical conditions,

Cancellation Policy

Deposit fully refundable until September 30, 2009.

All cancellations must be submitted in writing.

October 1, 2009 - Feb 28, 2010: \$600 per person cancellation penalty.

March 1, 2010 - May 15, 2010: \$1500 per person cancellation penalty.

May 16 - departure: 100% cancellation penalty. *(All deposits non-refundable.)*

Prices are based on Current USD-Euro exchange rate. Should this change, a devaluation fee not to exceed \$200 may apply.

Make Checks payable to: Astronomical Tours LLC

Mail this completed form and your other registration documentation to:

Astronomical Tours LLC

149 NW OO Highway - Warrensburg, MO 64093

eclipse@astronomicaltours.net

866-688-9458

Fax 866-791-0448

Travel INSURANCE IS RECOMMENDED FOR THIS TOUR
DUE TO THE EXTREMELY REMOTE DESTINATION.

PLEASE COMPLETE AND RETURN WITH REGISTRATION

Application OR WAIVER for Trip Cancellation/Interruption Insurance

Please fill out a separate form for each applicant - this form may be photocopied.

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Full legal name _____

Address _____

Telephone numbers (home) _____ (work) _____

Birth date _____

Roommate _____

Other traveling companions on this trip _____

Signature (required) _____ Date _____

Form of payment (Payment for coverage for more than one person may be combined. Please fill out a copy of this form for each and note on the card holder's form the names of all persons to be covered.) The insurance costs are per person:

Trip Insurance : FROM \$295.00 per person / double occupancy

Insurance purchased more than 10-days after initial trip deposit is subject to certain limitations such as pre-existing condition or tour operator default exemptions.

Insurance will be higher for travelers who opt for tour add-ons or travelers over 70 years of age. Please call for prices.

Check enclosed (Make check payable to Astronomical Tours)

MasterCard or Visa Card # _____ Expiration Date _____

Print name as it appears on credit card: _____

Billing address if different from above:

Please mail to: Astronomical Tours
149 NW OO Highway
Warrensburg, MO 64093

or fax to: Astronomical Tours
866-791-0448
Attn: Tahiti Eclipse Yacht

*Trip Insurance **Waiver** - Sign only if you do **NOT** wish to purchase insurance*

I acknowledge receiving information about trip cancellation/interruption insurance from the Astronomical Tours LLC and hereby declare by my signature below that I decline at this time to purchase the optional insurance package.

Signature _____ Date: _____