

# Tahiti Eclipse via Private Yacht

July 08 – July 16, 2010

*\$4250 per person double occupancy*

Visiting Tahiti Nui, Tahiti Iti, Moorea, Huahine, Tahaa and Raiatea

Observing at sea, south of Tahiti

Includes accommodations on private yacht charter for 9 days, 8 nights aboard 40-50' catamaran style yacht, captain/guide services, hostess/cook services, meals, airport transfers 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 cabin? Yes No. The fee is \$2125 for a single cabin.

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 February 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 \$700 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 \$195pp. 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](mailto:eclipse@astronomicaltours.net)

660-747-7782

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 \$195.00 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: \_\_\_\_\_