

PERSONAL INFORMATION

DEPARTURES FOR 2019/20 (APRIL 1, 2019-MARCH 31, 2020)

Please complete this form carefully and neatly using CAPITAL letters and return it to Hurtigruten via email at: us.explorer@hurtigruten.com, or by mail to: Hurtigruten, Inc., 1505 Westlake Avenue North, Suite 125, Seattle, WA, 98109. **This form must be received by Hurtigruten at least 8 weeks prior to your cruise. Please note that we are unable to send your travel documents until we have received this completed form.**

For information regarding your booking, please contact us.explorer@hurtigruten.com

HURTIGRUTEN BOOKING REFERENCE NUMBER:			
PERSONAL INFORMATION			
NAME (AS DISPLAYED ON PASSPORT):	FIRST NAME	MIDDLE NAME	LAST NAME
GENDER:	MALE	FEMALE	DATE OF BIRTH: MM DD YYYY
NATIONALITY:		PASSPORT NUMBER:	
PASSPORT ISSUE DATE:		PASSPORT EXPIRATION DATE*:	
*Expiration date must be no earlier than 6 months after the end of your cruise.			

ADDRESS AND CONTACT DETAILS			
HOUSE NUMBER/NAME:		ZIP CODE:	
STREET ADDRESS:		CITY/STATE:	
COUNTRY:			
EMAIL ADDRESS:		CELL PHONE/PHONE NUMBER:	

SPECIAL REQUESTS*	
Please inform us well in advance prior to your cruise about important health issues such as (but not limited to) mobility limitations, disabilities, serious allergies, etc.	
SPECIAL DIETARY REQUESTS:	
SPECIAL REQUESTS/IMPORTANT INFORMATION:	
*HURTIGRUTEN REQUIRES YOUR CONSENT AS A CONDITION FOR USING HURTIGRUTEN'S SERVICES (IF YOU HAVE INFORMED US OF ANY SPECIAL DIETARY REQUESTS, OR OTHER SPECIAL REQUESTS/IMPORTANT INFORMATION):	
I authorize Hurtigruten to collect and use the information in this form for my safety during the cruise.	

EMERGENCY CONTACT INFORMATION	
NAME:	PHONE NUMBER:

INDIVIDUAL FLIGHT ARRANGEMENTS (IF NOT BOOKED THROUGH HURTIGRUTEN)			
ARRIVAL FLIGHT NUMBER:		DEPARTURE FLIGHT NUMBER:	
ARRIVAL FLIGHT DATE:		DEPARTURE FLIGHT DATE:	
ARRIVAL FLIGHT TIME:		DEPARTURE FLIGHT TIME:	

PLEASE CHECK THE RELEVANT STATEMENTS	
IMPORTANT ENTRY REQUIREMENTS FOR ALL DESTINATIONS & VACCINATION INFORMATION:	
I confirm I have read the information noted here: https://www.hurtigruten.com/practical-information/entry-requirements/	
MANDATORY BRAZILIAN VISA FOR U.S. CITIZENS PLANNING A POST-CRUISE LAND ADVENTURE TO VISIT IGUAZU FALLS:	
I confirm that I have received the information regarding the Brazilian visa.	
FOR TRAVELERS TO ANTARCTICA, SOUTH GEORGIA, THE NORTH EAST SIDE OF GREENLAND, THE NORTHWEST-PASSAGE, TRANS-ATLANTIC VOYAGES (ALL VOYAGES VIA THE ATLANTIC OCEAN) AND RUSSIA:	
I have received the Medical Declaration Form, and will bring the completed hard copy of the Medical Declaration Form on board the ship.	