

Registration Form

Palau and Truk Lagoon August 2018

Traveler Information

Full name must be exactly as it appears on your passport or passport application. A copy of your Passport is requested at time of final payment.

First Name: _____

Middle Initial: _____

Last Name (s) _____

Diver/Non-Diver: _____ Gender _____

Date of Birth: _____

Dietary needs: _____

Register me for the (Circle all that apply):

Palau: Aug 4-12, 2018 or Truk: Aug 13-17, 2018

Trip Cost (deposits are mandatory, circle trip preference)

Initial Deposit for Trip Reservation: \$500

Additional Deposit due February 1, 2018: \$750

Balance due April 20, 2018

Palau Diver Price: \$3095 (double occupancy)

Palau Diver Cash/Check Price: \$2995 (double occupancy)

Chuuk Diver Price: \$1550 (double occupancy)

Chuuk Diver Cash/Check Price: \$1499 (double occupancy)

Group Airfare: Reserved price is \$2370. Cash/Check Price \$2295. Please mail a check along with this form.

I would like to reserve group airfare _____ (Signature)

Please contact us for flight Itinerary. diving@atlanticedge.com

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Work phone/cell: _____ Email: _____

Emergency Contact Name: _____ Phone: _____

Roommate (name): _____ (Couples: Prefer Single/Double Bed or King/Queen)

Single occupancy is an additional (Price/TBA): ___ Yes ___ No

Paying by Credit Card

Credit Card Number: _____

Visa/MC/Disc/AE: _____ Card ID Code: * _____

Exp. Date: _____ Amount: _____

Signature: _____ Date: _____

*last 3 digits in signature box on the back of the card

I authorize Atlantic Edge Inc. to charge my credit card on the date of the deposit requirements and balance as above:

_____ (Please Sign and Date)

Paying by Check

I will pay by check on the balance date listed above. I understand I may forfeit my trip and lose my deposit(s) if payment is not received by the above dates.

_____ (Please Sign and Date)

Mail Form to: Atlantic Edge-211 Perry Parkway Suite 4-Gaithersburg, MD 20877