



REGISTRATION FORM

Cruise: Oceania Mediterranean Vignettes Departure Date: October 27, 2025

Cabin Category : _____ Cabin # (no guarantees): _____

*****PLEASE ENSURE THAT ALL NAMES ARE AS THEY APPEAR ON YOUR PASSPORT.**

SURNAME: _____

FIRST: _____ MIDDLE: _____ Mr / Mrs / Ms / Miss

ADDRESS: _____

CITY/PROV/STATE: _____ POSTAL/ZIP CODE: _____

PHONE (h): _____ (b): _____ (cell): _____

EMAIL: _____

BIRTHPLACE (CITY, STATE, COUNTRY): _____

DATE OF BIRTH (Month): _____ (Day): _____ (Year): _____

NATIONALITY: _____ PASSPORT #: _____

ISSUED DATE: _____ EXPIRY DATE: _____

EMERGENCY CONTACT: _____

PHONE: _____ EMAIL: _____ RELATIONSHIP: _____

AIRLINE POINTS PROGRAM & NUMBER: _____

SEAT PREFERENCE: _____ SMOKING/NONSMOKING: _____

BEDDING REQUESTED: Single Room 2 Beds 1 Bed

SHARING WITH: _____ ANY SPECIAL REQUESTS? _____

KNOWN MEDICAL CONDITIONS OR DIETARY REQUIREMENTS: _____

ARE YOU CELEBRATING A SPECIAL EVENT? (i.e. Anniversary) _____

**Thank you! Carol Petersen, Expedia Cruises, West Vancouver
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