

# REGISTRATION FORM

Please complete and return this form to reserve your space on \_\_\_\_\_.

Name of Trip \_\_\_\_\_

Trip Date \_\_\_\_\_



Go Next  
8000 West 78th Street, Suite 345  
Minneapolis, MN 55438-2538  
800.842.9023

PLEASE INDICATE ASSOCIATION/GROUP NAME:  
\_\_\_\_\_

GO NEXT (900)

**PLEASE FILL OUT ONE FORM PER MAILING ADDRESS**

**OCEANIA CRUISES PROGRAM SELECTIONS:**

WITH AIRFARE Preferred departure city: \_\_\_\_\_  WITHOUT AIRFARE (Air credit available; call for details.)  
OLIFE CHOICE Selection (pick one):  Free shore excursions  Free House Select Beverage Package  Shipboard credit  
Stateroom Category: First choice \_\_\_\_\_ Second choice \_\_\_\_\_  
Bed Type: Single and triple accommodations are an additional cost, affect the *OLife Choice* amenities, and are subject to availability.  
 Twin (2 beds)  Single  Queen  Triple

**VICTORY CRUISES PROGRAM SELECTIONS:**

Stateroom Category: First choice \_\_\_\_\_ Second choice \_\_\_\_\_  
Bed Type: Triple accommodations are an additional cost and subject to availability.  Twin (2 beds)  Single  Queen  Triple (Owner's Suite only)

**AMERICAN QUEEN STEAMBOAT COMPANY PROGRAM SELECTIONS:**

Stateroom Category: First choice \_\_\_\_\_ Second choice \_\_\_\_\_  
Bed Type: Single and triple accommodations are an additional cost and are subject to availability.  Twin (2 beds)  Single  Queen  Triple  
Dinner Seating Preference:  Early (5:15/5:30 PM)  Main (7:45PM/8:00PM)

**SCENIC CRUISES PROGRAM SELECTIONS:**

WITH AIRFARE Preferred departure city: \_\_\_\_\_  WITHOUT AIRFARE (Air credit available; call for details.)  
Stateroom Category: First choice \_\_\_\_\_ Second choice \_\_\_\_\_  
Bed Type: Single accommodations are an additional cost and are subject to availability.  Twin (2 beds)  Single  Queen

**EMERALD WATERWAYS PROGRAM SELECTIONS:**

Bed Type: Single accommodations are an additional cost and are subject to availability.  Twin (2 beds)  Single  Queen

**PRE- AND POST-CRUISE PROGRAMS:**  Please send me information about Go Next Pre- and Post-Cruise programs.

**GUEST 1: Full Name (as it appears on your passport)**

First	M	Last
Preferred Name (for name badge)		Birthdate (MM/DD/YYYY)
Email		
Mailing Address		
City	State	ZIP
Main Phone	Alternate Phone	
Roommate's Name (if different than above)	Special Request	

**GUEST 2: Full Name (as it appears on your passport)**

First	M	Last
Preferred Name (for name badge)		Birthdate (MM/DD/YYYY)

**DEPOSIT: A deposit is required to pre-register for this sailing: \$750 per person for Oceania Cruises; \$500 per person for Victory Cruises, American Queen Steamboat Company and Scenic Cruises. Please make checks payable to Go Next.**

Charge my card for the deposit of \$	Name on card	Sign X _____
Billing Address		<input type="checkbox"/> Same as mailing
Card Number	CWV	Exp. Date

Signatures are required from each person traveling, including parent and guardian signatures for traveling minors. I have read, received a copy of, understand, and accept the terms and conditions stated in the Operator/Participant Agreement.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_