



Guest Information Form

Your Guest Information Form must be received by Silversea Cruises before final documents can be issued. Please take a few moments to answer the questions on the reverse side so that we may better serve you. We would like to make your Silversea Cruise all that you are expecting and more!

To expedite this, you may complete the form online under the MY VOYAGE section of our website www.silversea.com. Or complete the form and forward it to Silversea using one of the following methods: fax to +377 97 70 29 44, e-mail to silversea-europe@silverseacruises.com or return it in the enclosed envelope.

GUEST'S NAME 1

Your Name as It Appears on Your Passport:

(Mr., Mrs., Ms., Dr) LAST FIRST M.I.

Home Address: _____

City: _____ State: _____ Zip: _____

Passport Number: _____ Date of Issue: ____/____/____ Exp. Date: ____/____/____
DAY MONTH YEAR DAY MONTH YEAR

Country of Citizenship: _____ Place of Issue: _____

Date of Birth: ____/____/____ Occupation: _____
DAY MONTH YEAR

Home Telephone Number: _____ Silversea Venetian Society I.D. Number: _____

Email Address: _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Telephone (Day): _____

Emergency Contact Telephone (Night): _____

GUEST'S NAME 2

Your Name as It Appears on Your Passport:

(Mr., Mrs., Ms., Dr) LAST FIRST M.I.

Home Address: _____

City: _____ State: _____ Zip: _____

Passport Number: _____ Date of Issue: ____/____/____ Exp. Date: ____/____/____
DAY MONTH YEAR DAY MONTH YEAR

Country of Citizenship: _____ Place of Issue: _____

Date of Birth: ____/____/____ Occupation: _____
DAY MONTH YEAR

Home Telephone Number: _____ Silversea Venetian Society I.D. Number: _____

Email Address: _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Telephone (Day): _____

Emergency Contact Telephone (Night): _____



Name of travel insurance company if different than Silversea GuestCare@:

Contact: _____

Telephone: _____

Will you be celebrating a special occasion at sea?

If so, please indicate the date.

Anniversary (Number of years) _____

Birthday _____

Honeymoon _____

Other _____

How would you like your suite arranged?

BEDDING: Queen Bed Twin Beds

Please note the following suites on Silver Cloud and Silver Wind can only be arranged with a Queen Bed:

SILVER CLOUD: Owner's Suite, 601, 602, 701, 702, 703, 704 and 736

SILVER WIND: Owner's Suite, 601, 602, 701, 702, 703, 704 and 736

PILLOWS:

Our standard pillow onboard is a high quality Soft Goose Down. If for any reason (medical or otherwise) you require another type of pillow, please indicate your choice from the selections below

Firm Goose Down

Synthetic Hypoallergenic

Therapeutic Foam

Do you have special dietary requirements?

If so, please return this form at least 75 days prior to sailing. Requests received closer to sailing may be difficult to fulfill.

Low Fat Low Sodium Gluten Free

Vegetarian Sugar Free Religious Restrictions

Other (please specify) _____

Name of guest requiring special diet: _____

Please list any physical limitations for which you may require special assistance.

If you are currently under the care of a physician, please attach a letter from your doctor stating your medical condition, medication and fitness to travel.

Are you traveling with any other guests on this voyage?

If so, please list their names and suite numbers below:

On which date will you be departing your home for your Silversea cruise holiday?

How would you like your name(s) to appear on the shipboard Guest List and stationery?

LAST FIRST TITLE (Mr., Mrs., Ms., Dr.)

LAST FIRST TITLE (Mr., Mrs., Ms., Dr.)

Which language do you wish for your cruise documents, if different from English (partially translated in German, French, Italian)

Where you want the cruise documents to be sent (if the address is different from the one you mentioned above):

Is there anything we have overlooked?

CRUISE-ONLY GUESTS

ARE YOU INTERESTED IN EARLY EMBARKATION?

We are pleased to offer cruise-only guests the opportunity to board our ships prior to standard embarkation hours. You will be able to board the ship as early as 10:30am, have lunch and relax onboard. Every effort will be made to have your suite available upon your arrival, but if it is not, you are still free to enjoy all public areas. The fee for Early Embarkation is \$100 per guest and pre-registration for this service is required a minimum of 7 days prior to departure. If you choose not to take advantage of early embarkation, standard embarkation times are 3pm-5pm. Standard embarkation time may be earlier for voyages sailing prior to 6pm. Early Embarkation may not be available on all voyages. Please contact your travel professional or Silversea Cruises to confirm availability.

Anticipated arrival time at ship:

(Note: Embarkation prior to 10:30am is not available. While every effort will be made to deliver luggage in a timely manner, delivery may be delayed due to strict customs formalities which are beyond the ship's control.)

I/we will be coming from:

Airport/Airline/Flight Number: _____

Hotel: _____

Other: _____

YES, I would like to embark early. Please charge \$100 per guest to my shipboard account.

SIGNATURE _____