



Advance Guest Registration Form

For easiest submission please visit our website at www.ncl.com

****PRE- REGISTRATION IS REQUIRED FOR ALL GUESTS IN ADVANCE****
Pre-registration information must be received at least 14 DAYS PRIOR to sailing!

In order to comply with mandatory regulations and policies of the United States Government, please read the important instructions regarding photo identification requirements on our website for sailing AND choose one of the following methods to submit your information:

- 1) Go to www.ncl.com and click on "Booked Guests Register Here" OR
- 2) Complete this form and fax it to Norwegian Cruise Line at **305 999-0195** OR
- 3) Complete this form and return in the enclosed postage paid envelope.

If you are within 14 days of sailing, keep this form intact and bring it with you the day you board your cruise.

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| PHOTO IDENTIFICATION IS REQUIRED FOR SAILING | AT THE TIME OF EMBARKATION ALL GUESTS 16 YEARS OF AGE AND OLDER MUST PRESENT PROPER PHOTO IDENTIFICATION, SUCH AS A VALID PASSPORT, A GOVERNMENT ISSUED PHOTO ID OR A VALID DRIVER'S LICENSE THAT INCLUDES A PHOTO. | |
| Reservation # : | Ship Name: | Sailing Date: MM/DD/YY Stateroom #: |
| | Passenger 1 | Passenger 2 |
| Title | <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. | <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. |
| Last Name | | |
| First Name / Middle Initial | First: _____ / Middle Initial: _____ | First: _____ / Middle Initial: _____ |
| Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| PERMANENT ADDRESS | | |
| Street Address | | |
| City/Town | | |
| State | | |
| County (non-U.S. passengers only) | | |
| Zip/Postal Code | | |
| Country | <input type="checkbox"/> U.S.A. <input type="checkbox"/> _____ | <input type="checkbox"/> U.S.A. <input type="checkbox"/> _____ |
| Home Telephone # | | |
| IDENTIFICATION | | |
| Country Of Citizenship (optional) | <input type="checkbox"/> U.S.A. <input type="checkbox"/> _____ | <input type="checkbox"/> U.S.A. <input type="checkbox"/> _____ |
| Date Of Birth | MM/DD/YY | MM/DD/YY |
| Have You Cruised With Us Before? | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Latitudes Member # (if applicable) | | |
| E-mail Address | | |
| Emergency Contact Name | | |
| Emergency Contact Telephone # | | |
| RETURN TRAVEL ARRANGEMENTS | Applies to all passengers who did NOT make air arrangements through NCL America. | |
| Return Airline Carrier | | |
| Return Flight Number | | |
| Return Flight Date | MM/DD/YY | MM/DD/YY |
| Other Transportation | <input type="checkbox"/> car <input type="checkbox"/> bus <input type="checkbox"/> other _____ | <input type="checkbox"/> car <input type="checkbox"/> bus <input type="checkbox"/> other _____ |