BOOKING FORM

INSPIRATIONAL JOURNEYS 2010

adventure associates

THE COMPLETION AND RETURN OF THIS FORM IS MANDATORY TO THE ACCEPTANCE OF RESERVATIONS. WHEN THIS FORM HAS BEEN SIGNED AND COMPLETED PLEASE RETURN TOGETHER WITH DEPOSIT OR FULL PAYMENT (IF APPLICABLE) TO:

ADVENTURE ASSOCIATES
G.P.O. BOX 4414, SYDNEY, NSW 2001, AUSTRALIA
OR FAX TO **(+61 2) (02) 89163090**

I have read the **TERMS AND CONDITIONS** and the general information relevant to this booking, and agree to be bound thereby. **TO PROTECT YOURSELF AGAINST UNFORSEEN CIRCUMSTANCES TRAVEL INSURANCE IS STRONGLY RECOMMENDED** (we will be pleased to forward to you a selection of insurance proposal forms which may suit your requirements). I/We are aware that valid passports are required (non-Australian passport holders may require an Australian re-entry certificate or visa), health documents may also be required and that the obtaining of these documents is my/our responsibility. I confirm that I am authorised to sign this contract and accept its conditions for all the persons listed in this form.

1 DETAILS

TITLE		FULL NAME				DATE	
ADDRESS							
TEL (B)		TEL (H)		MOBILE		FAX	
EMAIL				AUTHORISED SIGNATURE			
EMERGENCY CONTACT FULL NAME						TEL	

2 TOUR/CRUISE

PLEASE RESERVE THE FOLLOWING PASSENGER/S ON:

- ◯ KERALA, SOUTHERN INDIA
- ◯ BORNEO DISCOVERY
- ◯ REUNION & MADAGASCAR
- ◯ CLASSIC INDO-CHINA
- ◯ GARDENS OF ENGLAND & IRELAND
- ◯ CONTRASTS OF CHILE
- ◯ MYSTICAL BHUTAN & SIKKIM
- ◯ AFRICAN SAFARI
- ◯ TREASURES OF NORTH AFRICA
- ◯ RIVERS OF ASIA - CRUISE: _____ DATE/S: _____

3 ROOM/CABIN

◯ TWIN SHARE ◯ DOUBLE ◯ SINGLE

◯ I AM TRAVELLING BY MYSELF AND WISH TO SHARE WITH A ROOMMATE ASSIGNED BY ADVENTURE ASSOCIATES (NOT APPLICABLE TO PANDAW RIVER CRUISES)

◯ SMOKING ◯ NOT SMOKING

IF YOU HAVE BOOKED ON A TWIN SHARE BASIS, SMOKING IS NOT PERMITTED IN THE ROOM UNLESS YOUR ROOMMATE AGREES AND THIS MAY ALSO BE SUBJECT TO THE HOTEL POLICY. ON PANDAW VESSEL SMOKING IS NOT ALLOWED IN THE CABINS.

4 TRAVELLERS

	1ST PERSON	2ND PERSON	3RD PERSON	4TH PERSON
TITLE				
SURNAME				
FIRST NAME/S				
DATE OF BIRTH				
NATIONALITY				
PASSPORT NO.				
DATE OF ISSUE				
EXPIRY DATE				

NAME EXACTLY AS SHOWN ON YOUR PASSPORT!

PLEASE USE BLOCK LETTERS

SHOULD YOU NOT HAVE A CURRENT PASSPORT, PLEASE ADVISE DETAILS WHEN OBTAINED

ARE THE ABOVE PASSENGER/S IN GOOD HEALTH? ◯ YES ◯ NO

DO ANY OF THE ABOVE PASSENGER/S SUFFER FROM ANY DISABILITIES? ◯ YES ◯ NO SPECIFY

DO ANY PASSENGERS HAVE ANY SPECIFIC DIETERY REQUIREMENTS? ◯ YES ◯ NO SPECIFY

ATTACH DETAILS AND DOCTOR'S CERTIFICATES, STATING FITNESS TO TRAVEL

5 OPTIONS

FROM WHICH CITY DO YOU WISH ADVENTURE ASSOCIATES TO TICKET AND ARRANGE CONNECTING FLIGHTS?

◯ SYD ◯ MEL ◯ BNE ◯ ADL ◯ PER ◯ HBA ◯ OTHER SPECIFY

OTHER ACCOMODATION OR EXTENSION TOURS REQUIRED

PLEASE COMPLETE IF YOU WISH US TO MAKE CONNECTING AIR AND/ OR ACCOMMODATION ARRANGEMENTS FOR YOU.

◯ PLEASE FORWARD A SELECTION OF INSURANCE PROPOSAL FORMS **TRAVEL INSURANCE IS STRONGLY RECOMMENDED**

6 PAYMENT

AMOUNT AU$ ◯ DEPOSIT ◯ FULL PAYMENT

I WISH TO PAY BY:

☐ CHEQUE NO. PAYABLE TO ADVENTURE ASSOCIATES IN AU$.

☐ DIRECT OR TELEGRAPHIC TRANSFER CONTACT US FOR OUR ACCOUNT DETAILS AND ADVISE US ASAP WHEN PAYMENT HAS BEEN SENT

☐ CREDIT CARD: ◯ VISA ◯ MASTERCARD ◯ DINERS ◯ AMEX SECURITY ID*

CARD NUMBER ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ EXPIRY DATE

CARDHOLDER'S NAME SIGNATURE

IMPORTANT: PAYMENT BY CREDIT CARD IS ACCEPTED FOR DEPOSITS ONLY FOR DIRECT BOOKINGS.

**SECURITY ID is the 4 digits above the American Express card number or the last 3 digits on signature panel on reverse of Visa and Mastercard.*