Past Empires - Booking Form

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 (Adventure Associates will obtain the required Libyan Visa on behalf of passengers). I confirm that I am authorised to sign this contract and accept its conditions for all the persons listed in this form.

1 YOUR DETAILS

TITLE	FULL NAME	DATE
ADDRESS		
TEL (w)	TEL (h)	MOBILE	FAX
EMAIL	AUTHORISED SIGNATURE	

2 YOUR TOUR

Please reserve the following passenger/s on:

PAST EMPIRES - LOST CITIES OF THE ANCIENT WORLD

◯ 1 TO 20 NOVEMBER 2008 - 20 DAYS

3 YOUR ROOM

Room Category: ☐ TWIN SHARE ☐ DOUBLE ☐ SINGLE

◯ I am travelling by myself and wish to share with a roommate assigned by Adventure Associates.

◯ Smoking ◯ Not Smoking

NOTE: 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.

4 TRAVELLER DETAILS

NAME **EXACTLY** AS SHOWN ON YOUR PASSPORT (Please use BLOCK letters). Should you not have a current passport, please advise details when obtained.

	1ST PERSON	2ND PERSON	3RD PERSON	4TH PERSON
(Dr/Mr/Mrs/Ms/Miss etc)				
Surname				
First name/s				
Date of Birth				
Nationality				
Passport Number				
Date of Issue				
Date of Expiry				

Are the above passenger/s in good health? ◯ Yes ◯ No Do any of the above passenger/s suffer from any disabilities? ◯ Yes ◯ No

If yes, please specify: _____ *(If yes, please attach details and doctor's certificate, stating fitness to travel.)*

Do any passengers have any specific dietery requirements? ◯ Yes ◯ No *Please specify:* _____

5 OPTIONS

Please complete the following if you wish us to make connecting air and/or accommodation arrangements for you.

From which city do you wish Adventure Associates to ticket and arrange connecting flights?

◯ **SYD** ◯ **MEL** ◯ **BNE** ◯ **ADL** ◯ **PER** ◯ **HBA** ◯ **OTHER** _____

Other accomodation / extension tours required: _____

◯ **Please forward a selection of insurance proposal forms (Travel Insurance is STRONGLY RECOMMENDED)**

6 PAYMENT DETAILS

IMPORTANT: Payment by credit card is accepted for deposits only for Direct Bookings.

AMOUNT OF AU$: _____ ◯ **Deposit** ◯ **Full Payment** - **I WISH TO PAY BY:**

◯ **CHEQUE Number:** *payable to Adventure Associates in AU$.*

◯ **DIRECT OR TELEGRAPHIC TRANSFER** *Please contact us for our account details and advise us as soon as possible when payment has been sent.*

◯ **CREDIT CARD** ◯ **Visa** ◯ **Mastercard** ◯ **Diners** ◯ **AMEX** SECURITY ID*: _____

Card Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ **Expiry Date:** _____

Cardholder's name: _____ **Signature:** _____

**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.*