AAtto Travel ABN 63 122 941 459 Lic. 2TA5863

Booking Form

TOUR DETAILS

Tour Code	Tour Name		Tour Start Date	Room Type**(subject to availability)**			Tour Extension
				Single	**Twin**	**Triple**	
				Single	**Twin**	**Triple**	

Special Requests (subject to availability) – e.g. dietary requirements (please specify):

PASSENGER DETAILS – **AS THEY APPEAR IN YOUR PASSPORT**

Title	Surname (per passport)	First Name (per passport)	D.O.B	Passport No.	Place of Issue	Nationality	Date of Issue	Date Expiry	Country of Residence

TRAVEL INSURANCE is strongly recommended.

Insurance Company: Policy Number: Emergency Assistance Telephone No.

Contact details of lead passenger

Name:

Address:

	Postcode:

Tel:	Mobile:

Email:

Any physical, medical or dietary problem?

I hereby accept that I, on behalf of both myself and all the other persons on this Booking Form:
*have read, understood and accepted the full set of booking terms & conditions in the AAttoTravel .
*have authority on all persons on this Booking form to make the booking subject to the Booking Conditions.
*will provide medical doctor cortication of my ability to undertake a tour, if so required by AAtto Travel.
*accept responsibility to be aware of , and comply with health, passport and visa requirements

Signature : _____   Date: /   /

Name: _____

DEPOSITnon-refundable A$500 per person per tour.
Full payment is due 60 days prior to departure from home country

Direct deposit A$_____for _____persons to:
Account Name: AAtto Travel
Bank: Westpac Bank   Account: 032055 - 385725

Enclosed cheque total A$_____for _____persons. *Cheque to be made payable to **AAtto Travel**

Credit card details: Master _____Visa_____Credit card surcharge 2% will apply.
Card No._____Expiry: _____/_____

Card Holder_____
CCV#:_____(The last 3 digits on the other side of the card)Total: A$_____
Credit Card holder Signature:

Your booking Reference Number:	Travel Agent's Stamp: