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| 2019 ABTA Travel Convention - Small Group Tour Booking Form  |
| Please complete the form, sign it, and return to us by post, by fax, or by email |
|  | Please provide the full name of each passenger *exactly* as printed in their passport. If there are more than four passengers in your group please attach a separate sheet with their details. |
| Passenger 1 | Passenger 2 | Passenger 3 | Passenger 4 |
| Title (Mr. Mrs. etc.) |  |  |  |  |
| First Name |  |  |  |  |
| Surname |  |  |  |  |
| Sex |  |  |  |  |
| D.O.B (DD/MM/YY) |  |  |  |  |
| Nationality |  |  |  |  |
| Passport Number |  |  |  |  |
| Country of Issue |  |  |  |  |
| Expiry Date (DD/MM/YY) |  |  |  |  |
|  |
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| Dietary Requirements and medical conditionsPlease list below any medical conditions or dietary requirements you would like to advise us about |
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| Contact details of lead passenger |   |
| Name: |
| Address: |
| Postcode: |
| Daytime Tel: | Mobile: |
| Email Address: |  |
| *Your final documents will be sent by post approximately 4 weeks prior to the start date of your trip. These will need to be signed for.* *Please inform us if these should be sent to a different address to that given above.* |
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| About Your Trip |
| Booking Reference |   |
| Tour Name (if applicable) | 2019 ABTA Travel Convention - Small Group Tour (October 10th – 17th 2019) |
| Package Start Date – End Date |   | Room Preference\*  | Non-smoking rooms are not always available, especially at traditional inns. We ask for your understanding in this matter. |
| Flight Details (if known) |  |
| Arrival date in Japan |  | Twin (2 beds)  |  |
| Arrival Airport (usually NRT) |  | Single (1 bed) |  |
| Flight # & Arrival Time |  |   |  |
| Departure date from Japan |  | Other (Please state) |  |
| Departure Airport (usually NRT) |  | \* Please note that whilst we will do our best to adhere to room preferences these can NOT be guaranteed.  |
| Flight # & Departure Time |  |
| Please be sure to sign the booking form: |
| A) I have understood and agree to the terms and conditions. | Signed:  |
| B) I and each member (if applicable) of my party will be covered by medical and personal accident travel insurance at the time of travel. |
| Date: |
|  |
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