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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) |  | |  | |  | |  |
|  | | | | | | | |
|  | | | | | | | |
| Dietary Requirements and medical conditions  Please list below any medical conditions or dietary requirements you would like to advise us about | | | | | | | |
|  | | | | | | | |
| 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.* | | | | | | | |
|  | | | | | | | |
| 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: | | | | |
|  | | | | | | | |
| InsideJapan Tours Ltd. Hanover House, Queen Charlotte Street, Bristol, BS1 4EX, UK FAX: ++ 44 (0)117 316 9006 | TEL: ++ 44 (0)117 370 9730 | | | | | | | |