

NAME OF TOUR: _____

DEPARTURE DATE: _____

YOUR DETAILS

PASSENGER ONE

YOUR TITLE: Ms Mrs Mr Dr _____ Other (please specify)

PREFERRED FIRST NAME: _____

POSTAL ADDRESS: _____

EMAIL: _____

YOUR FULL NAME: (as it appears on your passport)

DATE OF BIRTH: _____

STATE: _____ **POSTCODE:** _____

PHONE: (____) _____

MOBILE: _____

PASSPORT NUMBER: _____

FREQUENT FLYER NUMBER(S): _____

EXPIRY DATE: _____

SEATING: Aisle Window

NAME AND CONTACT NUMBER OF NEXT OF KIN:
(Emergency Contact Only)

RELATIONSHIP TO YOU:

PROOF OF IDENTITY

Please provide a photocopy of the photo page of your passport together with this booking form.

ROOMING PREFERENCES

I AM TRAVELING:

On my own with a friend With a family member

NAME OF FRIEND OR FAMILY MEMBER: (If not passenger 2)

I/WE WOULD LIKE:

Room for sole occupancy Twin-bedded room Double-bedded room

YOUR DETAILS

PASSENGER TWO

YOUR TITLE: Ms Mrs Mr Dr _____ Other (please specify)

PREFERRED FIRST NAME: _____

POSTAL ADDRESS: _____

EMAIL: _____

YOUR FULL NAME: (as it appears on your passport)

DATE OF BIRTH: _____

STATE: _____ **POSTCODE:** _____

PHONE: (____) _____

MOBILE: _____

PASSPORT NUMBER: _____

FREQUENT FLYER NUMBER(S): _____

EXPIRY DATE: _____

SEATING: Aisle Window

NAME AND CONTACT NUMBER OF NEXT OF KIN:
(Emergency Contact Only)

RELATIONSHIP TO YOU:

PROOF OF IDENTITY

Please provide a photocopy of the photo page of your passport together with this booking form.

ROOMING PREFERENCES

I AM TRAVELING:

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NAME OF FRIEND OR FAMILY MEMBER: (If not passenger 2)

I/WE WOULD LIKE:

Room for sole occupancy Twin-bedded room Double-bedded room

SPECIAL REQUIREMENTS

MEAL REQUIREMENTS/ALLERGIES

Please indicate below if you have any special dietary requirements. Appropriate meals will be requested for you on all flights and group meals based on this information.

PASSENGER ONE

I do not have any specific dietary requirements or allergies

I have the following specific dietary requirements/allergies (please specify):

PASSENGER TWO

I do not have any specific dietary requirements or allergies

I have the following specific dietary requirements/allergies (please specify):

MEAL REQUIREMENTS/ALLERGIES

Please indicate below if you have any serious health issue that may affect your travel insurance coverage, your physical capacity to undertake some activities on tour or may otherwise need to be considered by the tour leader/manager during the tour.

PASSENGER ONE

I have **no** specific medical condition that Avec Pleasure needs to know

Avec Pleasure needs to know about the following medical condition(s) (please specify):

PASSENGER TWO

I have **no** specific medical condition that Avec Pleasure needs to know

Avec Pleasure needs to know about the following medical condition(s) (please specify):

YOUR TRAVEL PLANS

I/we wish Avec Pleasure to arrange air travel from Australia for Economy Class or Business Class.

I/we will organize our own Air Travel.

I/we are undecided about Air Travel. Please contact us to discuss the available options.

I plan to leave Australia before the tour commences **Planned departure date:** _____

I intend to take part in the extension tour offered in the itinerary (if applicable).

I/we plan to undertake additional travel before/after the tour and would like Avec Pleasure to organise this (Please describe destinations and length of stay required below).

To discuss your travel arrangements please contact the staff at Avec Pleasure via anne@avecpleasure.com.au

OUR ACCEPTANCE OF BOOKING CONDITIONS

PLEASE READ CAREFULLY AND SIGN BELOW

DEPOSITS

A deposit of \$500 per person is required to confirm your booking on a tour. Final payment of the tour fee, insurance and any additional travel will be due 60 days before departure.

CANCELLATION FEES

If you decide to cancel your booking the following charges apply:

More than **60 days** before departure: **\$500***

60-45 days before tour start: **25% of total amount due**

44-15 days before tour start: **50 % of total amount due**

14 days or less before departure: **100% of total amount due**

**This amount may be credited to another Avec Pleasure tour within 12 months of the original tour you booked.*

UNUSED PORTIONS OF THE TOUR

We regret that refunds will not be given for any unused portions of the tour, such as meals, entry fees, accommodation, flights or transfers.

TRAVEL INSURANCE

Avec Pleasure requires all participants to obtain comprehensive travel insurance. We offer a comprehensive policy with a reputable insurer if required.

PASSPORT AND VISA

A valid passport is required for all international travel. If you do not hold an Australian passport you may require a re-entry permit. Some countries require a visa to be issued before you depart Australia. We will advise you of all passport and visa requirements, but it is your responsibility to ensure that you meet passport and visa requirements before you depart.

WILL THE TOUR PRICE CHANGE?

If the number of participants in a tour is significantly less than budgeted, or if there is a significant change in exchange rates Avec Pleasure reserves the right to amend the advertised price.

If this occurs you will be given the option of canceling your booking and obtaining a full refund. If an Avec Pleasure tour is forced to cancel you will get a full refund of all monies paid.

WILL THE ITINERARY OR AIRLINE CHANGE?

Occasionally circumstances beyond the control of Avec Pleasure make it necessary to change airline, hotel or to make slight amendments to daily itineraries. We will inform you of any changes as soon as they occur.

FINAL PAYMENT

Full and final payment for the tour, airfare travel, insurance and any additional travel you book is due **60 days** before departure. Payment may be made by bank deposit, cheque, cash or credit card. Please note there is a surcharge for payments made by credit card.

Avec Pleasure reserves the right to decline the booking or terminate the holiday of any traveler.

I/we accept the conditions on this booking form

I/we have read the information about the physical requirements of the tour in the detailed itinerary and confirm that I/we are able to meet these requirements.

SIGNATURE: _____

DATE: _____

DEPOSIT PAYMENT

A **non-refundable \$500 deposit** is required for each person listed on this booking form.

PLEASE INDICATE WHICH METHOD YOU HAVE CHOSEN TO PAY YOUR DEPOSIT:

Number of Passengers: _____ **Amount of Deposit:** \$ _____

Paid directly by cheque (Please make cheques payable to Avec Pleasure)

Paid by Credit Card (Please complete details below)

CREDIT CARD DETAILS

MasterCard Visa American Express

Card Number: _____

3 or 4 Digit Security Code: _____

Name on Card: _____

Amount: \$ _____ **Signature:** _____

Expiry Date: _____

SEND

Please send your completed booking form to:

Avec Pleasure Art Travel
21 Evans Court
Toorak VIC 3142

Additional booking forms can be downloaded from our website:
www.avecpleasure.com.au