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Booking Form Date:

20011119 1 01111						
Traveller Information	Traveller 1 Traveller 2					
Traveller name: Mr, Mrs, Miss (Please use CAPITAL LETTERS to complete this form, details must be EXACTLY AS YOUR PASSPORT)	First name/middle name Surname					
Date of birth						
Nationality						
Occupation						
Passport nationality, place of issue						
Passport number						
Passport expiry date						
Billing address						
Room details	Twin Double	□ Single □				
(Please select which room type required)						
E-mail						
Phone number						
Fax number						
Payment Details	☐ Cheque ☐ Visa/MasterCard/B					
Card Number:	Cardholders Name:					
Expiry Date: /						
Cardholder Signature:	Amount \$					
- Caranerae - Orginatare	7 another \$					
Note: By signing above you authorize OrbisExpress Travel to debit the specified amount to the above credit card. You also acknowledge that you have read and agree to the Terms & Conditions. See Booking	A non refundable deposit of \$200 per person is required within 7 days of the booking being made otherwise booking is subject to cancellation. Balance is due 45 days prior to departure unless stated otherwise. For bookings made within 45 days of departure, full payment is required at the time of confirmation. Credit Card fees apply to any payments.					
Conditions for schedule of fees.						
Tour Information						
Tour name/code						
Booking number		3				
Tour price						

Length of tour							
Destination							
Departure city	Departure date						
Return city	Return date						
Meal options (Please select meal optons required)	Breakfast Supplement Dinner Supplement (no meals included except for m specified in itinerary)				ept for meals as		
Special dietary requirements (Requests will be forwarded to hotels but cannot be guaranteed)							
Insurance							
Fitness to Travel Wheelchair passer be accompanied by their personal, able-bodie 1. Do you suffer from any disabilities? YES 2. Are you able to ascend stairs without as 3. Are you able to step into and out of a sh 4. Do you suffer from any medical condition Details	d care. /NO Details ssistance? YES/NO nower without assi ons that may affec	stance? \ t your ab	'ES/NO ility to tour? YES	5/NO			
Meal prices: Breakfast \$ dinner \$	Orbis Express Travel can offer low cost flights from Australia to your tour destination, subject to availability. Please provide an airfare quote for the following: Airfares						
	Depart Fro	m	Destination	33	Date	Airfare Cost	
	Depart					Cost	
	Stopover						
	Return						
	Stopover					\$	
	Preferred Airline			Taxes*:	\$		
			Total:	\$			
	*Taxes will vary depending on departure & payment date. If unsure, please leave blank.				leave blank		
	raxes will vary dep	ochaing of	писратите и рауг	ient date. Ir	unsure, picase	reave blank.	
☐ I have read and understand the Tast Passenger Signature :							
2nd Passenger Signature :			Date:				

PLEASE FAX THIS BOOKING FORM to 02 98919326 or EMAIL to info@orbisexpress.com.au