

booking form

IF YOU ARE FAXING THIS FORM,
PLEASE FAX TO (09) 522 8805

TOUR NAME _____ BOOKING NUMBER _____

TOUR CODE _____ DEPARTURE DATE _____

ROOM TYPE Twin (Note: Double beds can not be guaranteed) Single Single and willing to share

TRAVEL AGENT INFORMATION

AGENCY _____ CONSULTANT _____ AGENCY LICENCE # _____

POSTAL ADDRESS _____ POSTCODE _____

PHONE _____ FAX _____ AGENT EMAIL _____

Names that appear on this booking form are used for ticketing purposes and therefore MUST appear exactly as per passports. Any errors in names will incur ticket reissue fees which are at passengers' own expense.

PASSENGER 1 (AS PER PASSPORT)

TITLE _____ SURNAME (CAPITALS) _____

FIRST NAME (CAPITALS) _____

OTHER NAMES (CAPITALS) _____

PREFERRED NAME ON TOUR BADGE _____

OCCUPATION _____

NATIONALITY _____ BIRTH DATE _____

PASSPORT NO. _____ EXPIRY DATE _____

PASSENGER REQUIREMENTS

Medical/Special Requirements# _____

Please attach relevant Medical Information Form and read declaration below

Dietary Requirements _____

_____ Allergy Preference

Rooming Request Smoking Non Smoking

Postal Address _____

_____ Postcode _____

Home Phone _____ Mobile _____

Email _____

Are you a past passenger of Wendy Wu Tours? Yes No

If yes, where did you travel to? _____

EMERGENCY CONTACT DETAILS*

Name _____ Phone _____

Relationship to Passenger _____

*Other than the person you are travelling with

Would you like to receive a copy of our Chinese Whispers newsletter and be contacted about upcoming specials? Yes No

If yes, by Mail Email

Travel insurance is strongly recommended when travelling with Wendy Wu Tours and should be purchased no later than when final balance is paid.

Travel Insurance Provider _____

Emergency Phone _____ Policy No. _____

PASSENGER 2 (AS PER PASSPORT)

TITLE _____ SURNAME (CAPITALS) _____

FIRST NAME (CAPITALS) _____

OTHER NAMES (CAPITALS) _____

PREFERRED NAME ON TOUR BADGE _____

OCCUPATION _____

NATIONALITY _____ BIRTH DATE _____

PASSPORT NO. _____ EXPIRY DATE _____

PASSENGER REQUIREMENTS

Medical/Special Requirements# _____

Please attach relevant Medical Information Form and read declaration below

Dietary Requirements _____

_____ Allergy Preference

Rooming Request Smoking Non Smoking

Postal Address _____

_____ Postcode _____

Home Phone _____ Mobile _____

Email _____

Are you a past passenger of Wendy Wu Tours? Yes No

If yes, where did you travel to? _____

EMERGENCY CONTACT DETAILS*

Name _____ Phone _____

Relationship to Passenger _____

*Other than the person you are travelling with

Would you like to receive a copy of our Chinese Whispers newsletter and be contacted about upcoming specials? Yes No

If yes, by Mail Email

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Travel Insurance Provider _____

Emergency Phone _____ Policy No. _____

DECLARATION

- If signed by one party only, I confirm that I am authorised to sign on behalf of all passengers listed on this booking form
- All parties have read, understood and agree to abide by the terms, conditions and responsibilities as outlined on page 62 of this brochure
- All persons named on this form are fit and physically able to partake unaided in their chosen group tour as per the itinerary outlined in the Tour Dossier
- All persons named on this form who are travelling on a 'Fully Independent Tour' are fit and physically able to partake unaided in their chosen itinerary
- I hereby accept all personal responsibility during the duration of the tour for myself and possessions

Passenger 1 Name _____ Signature _____ Date _____

Passenger 2 Name _____ Signature _____ Date _____

By providing your contact details on the Booking Form you have agreed to receive material from Wendy Wu Tours which may contain marketing, specials and promotional material.