



B O O K I N G F O R M

Name of Tour Please tick tour you are booking

Morocco: Imperial Cities & Private Homes (19 - 28 March 2011)	
Advent in Salzburg (8 - 12 December 2011)	

Persons to be booked

	Forename <small>(as shown on passport)</small>	Surname <small>(as shown on passport)</small>	Title	Date of Birth	Nationality
1					
2					

Address for correspondence

Post code

Home Tel Company Tel Facsimile

Mobile Tel Email

Type/number of rooms required*			Special Requests <small>Dietary / Other</small>
<input type="checkbox"/> Twins	<input type="checkbox"/> Doubles	<input type="checkbox"/> Singles	

*Hotel beds can be requested but not guaranteed

Insurance
It is imperative that you take out adequate insurance, and you should ensure that you have ample cover, particularly for cancellation and medical emergency. In order that we may assist you in case of an emergency, you must advise us of your insurance details. If you have this information already, please state the details below, or alternatively let us know as soon as you have obtained cover. If you do not already have your own insurance, please do not hesitate to contact us and we will be happy to suggest recommended insurers to you.

My Insurers are Insurers' Emergency Contact Number

PAYMENTS ENCLOSED

Cheques, which are accepted in £ Sterling only, should be made payable to THE ULTIMATE TRAVEL COMPANY LTD.

Euro bank transfers may be made direct to our account - The Ultimate Travel Company Limited : Account No. - FOSIGFUL EUR 1 (10061414) : Swift Code/BIC - RBOS GB 2L : IBAN - GB68 RBOS 1610 7010 0614 14

If booking within eight weeks of departure, full payment must be sent with this booking form.

Deposits for persons (@ €300 or £275 per person)

Full payment
(if booking less than eight weeks before departure)

TOTAL

I am / we are member(s) of Europa Nostra (please tick)

CREDIT CARD PAYMENTS

The Ultimate Travel Company Limited accepts payment, which will be levied in sterling, by the credit cards shown below. Please tick the relevant box.

Visa
 Mastercard
 Maestro/Delta
 Issue No (Maestro only)

I wish to pay by the credit card shown here. Please charge my Credit Card Account the sum of £ Card expiry date / Security Code (last 3 digits on reverse of card)

Credit Card Number

Name (as shown on credit card)

Note: Deposit payments can be made free of charge by credit or debit card. Balance payments can also be made free of charge by debit card, but will attract a 2% levy if made by credit card.

Cardholder Signature Date

The booking conditions regarding the holiday have been read and accepted by me on behalf of all persons named on this booking form by whom I am duly authorised to make this agreement. I have also read and understood the information regarding insurance cover for the holiday, and confirm that I have already provided, or will provide no later than eight weeks prior to the date of departure, full details of my/our insurance cover.

Signature	Date
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