

## Northern Lights 2019 Booking Form

### PASSENGER 1

#### PERSONAL DETAILS

Title Mr Mrs Ms Miss Dr

Date of Birth:

First Name (as per passport)

Middle Name (as per passport)

Surname (as per passport)

**Preferred name for name badge :**

### PASSENGER 2

#### PERSONAL DETAILS

Title Mr Mrs Ms Miss Dr

Date of Birth:

First Name (as per passport)

Middle Name (as per passport)

Surname (as per passport)

**Preferred name for name badge :**

Address

Postal address (if different from above)

Suburb

State

Postcode

Home Ph

Work Ph

Mob

Fax

Email

Are you traveling with others? If so, please advise names:

#### EMERGENCY CONTACT

Name

Relationship

Home Ph

Mob Ph

Email

**EMIRATES TRAVEL CLASS**

(please tick one)

Economy

Premium  
Economy

Business

**TRAVELING FROM**

(please tick one)

Brisbane

Sydney

Melbourne

Adelaide

**EMIRATES SKYWARDS FREQUENT FLYER**

Number Guest 1:

Number Guest 2:

**PREFERRED FLIGHT SEATING**

Please Circle Your Preferred Seat For Flights

<Window> **A B C** <aisle> **D E F G** <aisle> **H J K** <Window>**Please note this is a SEAT REQUEST ONLY and the Airline reserves the right to remove or change your seat at anytime.****MEAL REQUEST**

Diabetic

Gluten Free

Low fat

Hallal

Vegetarian  
With dairyVegetarian  
Without dairy

Allergy (details)

**ROOM BEDDING**

Double

Twin

Single

**TRAVEL INSURANCE (please tick)**

- I accept Dream Maker Travel's COVERMORE Insurance, so please Issue my Policy
- I will use my Credit Card Policy which I understand has limitations
- I will use an alternative Insurance Policy which I understand has limitations
- I will depart Australia without Travel Insurance at my own risk

**MEDICAL****Do I have a Existing Medical Condition?**

Any physical defect, condition, illness or disease for which treatment, medication or advice (Including investigation) has been received or prescribed by a medical or dental advisor

OR

Any chronic or ongoing (whether chronic or otherwise) medical or dental condition, illness or disease medically documented.

- Yes I, \_\_\_\_\_ have a Existing Medical Condition
- No I, \_\_\_\_\_ do not have a Existing Medical Condition

**Do I want to cover my Existing Medical Condition on my Travel Insurance?**

- Yes I, \_\_\_\_\_ want cover, and I understand that additional costs may Apply.
- No I, \_\_\_\_\_ do not want to cover my Existing Medical Condition and I will depart Australia without it at my own risk.
- I, \_\_\_\_\_ Have Checked the PDS and my Existing Medical Condition is automatically covered under my policy.

Tour Option	
<input type="checkbox"/> 24 Day Tour 13 Feb 2019	\$ 12,300 per person
<b>SPECIAL OCCASIONS DURING THE TRIP (e.g. BIRTHDAY, ANNIVERSARY)</b>	
<b>Please write date and occasion:</b>	

**A PHOTOCOPY OF YOUR PASSPORT (even if expired) IS REQUIRED TO ACCOMPANY THIS FORM TOGETHER WITH THE DEPOSIT.**

- understand that **Ian Healy** will be our Celebrity Host on this Cruise. Hilary & Keith from Dream Maker Travel will be Escorting this Cruise. The exception to the above Escort would be due to a personal/family or business emergency or unforeseen circumstance outside of their control which would prohibit them from travelling.
- I have read and agree to the Terms and Conditions.
- I declare the information is correct and the passport names are correct.

I also understand that any name changes may incur penalties and/or loss of airfare.

I agree it is my responsibility to ensure I am fully covered with Travel Insurance.

**I understand the following cancellation fees apply to these exclusive Group Tour Conditions:**

The required **deposit & Airfares of \$ 3000 per person** is Non Refundable  
 Once PAID, Dream Maker Travel will **issue your EMIRATES Airline tickets** and they then become **Non Refundable & Non Changeable.**

**Final balance is to be paid NO LATER than Monday 15 October 2018.**

If cancelled after this date, **all payments are non-refundable.** These conditions are due to Special Tour & Group Cruise Ship Allocations. We can assist you with a Travel Insurance Claim if required.

Signed.....Date.....

Signed.....Date.....

**PLEASE FAX, SCAN AND EMAIL, OR POST THE COMPLETED FORM TO:**

**dream maker travel**

Street Address: 39 Highland Crescent, Belmont, QLD. 4153

Postal Address: P.O. Box 1955, Carindale QLD. 4152

Tel: 07 3343 5422 Fax: 07 3324 9496

Email: [hilary@dreammakertravel.com.au](mailto:hilary@dreammakertravel.com.au)

ABN: 77 094 188 100 License No: TAG 1718

**Payments:- Bank Transfer Details**

National Australia Bank

BSB: 084 435

Account: 11 488 4748

dream maker travel **\*\* Please put your Surname in as a Reference \*\***