

## SCANDINAVIA IN DEPTH BOOKING FORM 2019

### 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

Mixed Class

Business

First

**TRAVELING FROM**

(please tick one)

Brisbane

Sydney

Melbourne

Adelaide

**Emirates 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.

**PRE AND POST CRUISE ADDITIONAL ARRANGEMENTS**

**SPECIAL OCCASIONS DURING THE TRIP (e.g. BIRTHDAY, ANNIVERSARY)**

**Please write date and occasion:**

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

I, ....., understand that this Tour will be a Dream Maker Travel Special Small Group Departure.

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 it is my Responsibility to declare to my Travel Insurance Company any**

**Pre Existing Medical Conditions, any Hospital visits within the past 2 years, and any condition that I may be having medical tests or procedures or medical investigations for.**

**I understand I can check with my Insurer and get a list of Included Existing Medical Conditions.**

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

The required **deposit of \$ 1000 per person** includes Airfares + Further Hotel & Cruise Payments.

We strongly recommend you Pay your Travel Insurance at this time.

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 31 March 2019.**

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 & EMAIL, OR POST THE COMPLETED FORM TO:**

**Dream Maker Travel**

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

Postal Address : PO 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**

**Bank:** National Australia Bank

**BSB:** 084 - 435

**Account:** 11- 488 - 4748

**Account Name:** dream maker travel

**\*\* Please put your Surname in as a Reference \*\***