

Booking Reference

Title: _____ Initials: _____ Surname: _____			Client No: _____
Address: _____ _____ Town: _____		Telephone: _____	
County: _____ Post Code: _____		Fax: _____	
		Email: _____	

Tour Title

Dates

1		
2		

Travellers Names Give your name as you would wish it to be given to other travellers.					Room Type			
	Title	Initials	Known Name	Surname	Twin	Double	Double/Twin for Sole Use	Single
1								
2								

Flights: Unless otherwise advised, flights will be reserved with the group upon receipt of your booking form and these may not be changeable at a later stage. For Ireland and UK destinations it may be possible to fly from another UK airport. Please indicate preferred departure airport if different from that in the trip description and in due course we shall advise you about possible options. Please provide BA Executive Club membership numbers if appropriate.

Passport Details In case of emergency & for airline tickets – **Names must be as they appear in your passport**

	Title	Surname	First Names	Date of Birth
1				
2				

	Place of Birth	Nationality	Passport Number	Date of Issue	Place of Issue	Date of Expiry
1						
2						

Fellow Traveller If you have made a booking for someone who does not have the same address as yourself, please give their address here. We shall then send correspondence, invoice and documents directly to them, unless you indicate otherwise:

Name: _____	Telephone: _____
Address: _____ _____ Post Code: _____	Email: _____

Your Next of Kin (In case of Emergency)		Your Fellow Traveller's Next of Kin (if different)	
Name:		Name:	
Relationship:		Relationship:	
Home Tel No:		Home Tel No:	
Mobile Tel No:		Mobile Tel No:	

Please turn over.....

BOOKING FORM (Continued)

Travel Insurance

All tour participants must have adequate travel insurance cover (except for UK trips) as a condition of your booking and do not travel against medical advice. For UK trips, you are recommended to have insurance which provides cover for cancellation and lost or damaged personal possessions. You may make your own arrangements or you may wish to obtain your travel insurance from **Citybond Suretravel** which is authorised and regulated by the FSA, with whom we have an arrangement. They provide both annual insurance cover for individuals and couples up to the age of 85 and single trip polices without an age restriction.

If you are interested in Citybond Suretravel Insurance you can either call them on **0845 618 0301** and quote referral code **CIT07**.
or visit www.suretravel.co.uk and again use the referral code **CITR04**.

Please complete the relevant details below – or if not known at present please advise at least 4 weeks before travel

	Insurance Company	Policy Number	Emergency Assistance/ Contact Telephone No
1			
2			

Other Information If there is any other information, such as dietary requirements, please enter it here.

Payment

Deposit(s) - Non Refundable.
(See brochure/individual tour practicalities on web site for appropriate deposit)

_____ @ £ per person: £ _____

TOTAL £ _____

Full payment is required if you are booking within eight weeks of departure

Method of Payment

Either: I enclose a cheque payable to **CICERONI TRAVEL**

Or: I wish to pay by the debit/credit card and please charge to my account given below
Please note that all credit card payments are subject to a 2.5% surcharge.
No fees apply for VISA Debit/Delta & UK Maestro(Switch) Cards

Type of Card (Tick Box)

VISA Mastercard VISA Debit/Delta *Maestro

Card Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Name on Card: _____

Issue Date

Exp Date

+Security Code

*Issue No

+The security code is the last 3 numbers printed on the signature strip.

Billing address if different from overleaf: _____

I have read & accept the Booking Conditions on behalf of all persons listed on this form. A summary of the Booking Conditions are contained within the Brochure with the full version published on our website or available on request. I also agree that this acceptance of the Booking Conditions applies, for all persons listed, to any future booking I make with Ciceroni unless and until the Booking Conditions materially change. I understand that Ciceroni will notify me before or at the time of booking where this is the case.

Signature _____ Date _____

Please return the completed booking form and payment to:

CICERONI TRAVEL, 2 The Square, Aynho, Banbury, OX17 3BL

Telephone **+44 (0) 1869 811167** Fax **+44 (0) 1869 811188** info@ciceroni.co.uk www.ciceroni.co.uk