

Booking Form

Client Survey:

How did you learn about China Bestours?

- * Travel with us before _____
- * Via Website _____
- * Friend Recommendation _____
- * Via advertising (please tick below)
- * Sun Herald Sydney _____
- * Sunday Telegraph Sydney _____
- * The Age Melbourne _____
- * Sunday Herald Melbourne _____
- * Sunday Times Perth _____
- * Sunday Mail Adelaide _____
- * SMH Brochure Services _____
- * Senior Traveller Newspapers _____
- * Probus Magazine _____
- * Probian Magazine _____
- * Get up and Go Magazine _____
- * Radio _____
- * Travel Bulletin _____
- * Travel Weekly _____
- * Travel Talks _____
- * Others _____

Please send to: China Bestours

PO Box Q1796
Queen Victoria Building NSW 1230
Fax: 02-9262 2833
Tel: 1300 88 66 78
Email to: info@seechina.com.au

Tour Name: _____ Code: _____

Departure Date: _____ Preferred Airlines: _____

Room Type: Single/Twin/Double/Triple _____ Departure City: _____

Clients Details:

	Title	Surname	Other Names	Tel/Fax
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____

Please attach your passport(s) copy (main page only) for reservation

Email Address: _____

Home Address: _____

Next of Kin: Name: _____ Tel: _____

Any physical, medical or dietary problem? _____

On behalf of all the persons named above, I have read, understood and accepted the Terms & Conditions in this brochure.

Signature: _____ Name: (please print) _____

Do you like to take Early Bird Savings? Yes _____ No _____ (see page 11 for details)

Chinese Visa will be applied by A. Myself _____ B. Travel Agent _____ C. China Bestours _____

Deposit Details (A\$300/per person):

Enclosed cheque total A\$ _____ for _____ persons. *Cheque to be made payable to China Bestours

Credit card details: Master _____ Visa _____ Amex _____

(Credit card surcharge applied, 1% for Visa or Master Card, 3% for Amex.)

Card No. _____

Card Holder _____ Expiry: ____/____

Total: A\$ _____ CCV#: _____ (The last 3 digits on the other side of the card)

Credit Card Holder Signature: _____

Payment for travel agent:  eNett Client Number (ECN): 300571

Travel Agent Information:

Agency Name: _____ License No. _____

Address: _____

Email Address: _____

Consultant: _____ Tel: _____ Fax: _____

Special Request:

Date: _____