

# CBT Holidays Tour Booking Form

## Client Survey:

### How did you learn about CBT Holidays?

- \*Travel with us before \_\_\_\_\_
- \*Via Website \_\_\_\_\_
- \*Friend Recommendation \_\_\_\_\_
- \*Travel Agent recommendation \_\_\_\_\_
- \*Via Advertising (please tick below)
- \*Sydney Morning Herald Saturday \_\_\_\_\_
- \*Sun Herald \_\_\_\_\_
- \*Senior Traveller \_\_\_\_\_
- \*Probus \_\_\_\_\_
- \*SMH Brochure Service \_\_\_\_\_
- \*Retirees \_\_\_\_\_
- \*Travel Bulletin \_\_\_\_\_
- \*Travel Talk \_\_\_\_\_
- \*Travel Weekly \_\_\_\_\_
- \*The Age \_\_\_\_\_
- \*Sunday Telegraph \_\_\_\_\_
- \*Life Style \_\_\_\_\_
- \*Educational \_\_\_\_\_
- \*Others \_\_\_\_\_

### Please send to:

## CBT Holidays

GPO Box 5379

Sydney NSW 2001

Fax: 02-9262 2833

Tel: 1300 88 66 78

Email to: info@cbtholidays.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 7 for details)

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

Enclosed cheque total A\$ \_\_\_\_\_ for \_\_\_\_\_ persons. \*Cheque to be made payable to CBT Holidays

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:  Code: CHINAB

### Travel Agent Information:

Agency Name: \_\_\_\_\_ License No. \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Consultant: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Special Request:

Date: \_\_\_\_\_

