

Booking Form

National Association of Goldsmiths
2008 Study Tour: 9th-14th March



Please return to: National Association of Goldsmiths, 27 River Glade, Gwaelod-y-Garth, Cardiff, CF15 9SP

Contact Name

Firm

N.A.G Membership Number (if applicable)

Address

Postcode Tel no.

Names of passengers (as it appears on passport)

	TITLE	FIRST NAME	SURNAME	DATE OF BIRTH	PASSPORT NO	ISSUE DATE	PLACE OF ISSUE	EXPIRY DATE
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Special requests (ie. special dietary, In-flight requirements, room type etc)

Are there any health problems or disabilities of which we should be aware?

PAYMENT DETAILS

No. of passengers x £200 Deposit per person = £
(or full amount if departing within 10 weeks)

TOTAL ENCLOSED = £

Cheques made payable to: HPB Travel Club Limited

Please Debit from my VISA/Mastercard (Please tick as appropriate)

Deposit Full balance when due

Please note that on balance payments only made by credit card a 1.4% bank levy will be charged.

Credit Card details

Credit Card number

Security code

Expiry date Issue number if applicable

Name of cardholder

The last three digits on the back of your card. This information will be destroyed after payment has been authorised.

I/We agree to the booking conditions and enclose deposit.

SIGNATURE

DATE