

ASA Reservation Form

Please **complete one form in block letters and sign**, for each participant. Additional copies may be requested from ASA or this form may be photocopied (both sides please). Parental signature is required for participants under 18 years of age. Please mail this form with the appropriate deposit (cheques should be made payable to Australians Studying Abroad P/L) to: **P.O. Box 285, ARMADALE, VICTORIA, 3143**. On receipt of this reservation form and deposit, ASA will process your booking and send you tour confirmation.

TOUR NAME:

Air Arrangements

Please circle your preference:

- A. I wish ASA to book my airfare using the group air arrangements organised for the tour.
B. I wish ASA to book my airfare, however they will be independent of the group flights.

I wish to depart from (city in Australia)

on (date)

The following is an indication of the itinerary I wish to follow (eg-Melbourne to Amsterdam for 5 days then to Paris for 4 days, then to join the tour starting in Rome). Your ASA travel consultant will be in contact with you to discuss your options.

- C. I will be arranging my air fare independently and taking the Land Content Only option.
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ASA group airfares are usually very flexible. Although you are normally required to depart with the group, the airfare will allow you to extend your travels at the conclusion of the tour. In some cases, the group airfare may also permit a free side trip (this often applies to group airfares to Europe), or allow you to deviate from the group airfare at a minimal cost. Please contact our office for further information. You must nominate a return date, as flights to Australia can be heavily booked at certain times of the year.

Tour Accommodation

Please book the following accommodation: (Circle your preference)

- A. As included in the basic tour price. (This is either double/twin-share or triple-share, refer to the tour itinerary.)

If double/twin-share please indicate your preference: Twin-bedded room or Double room**

** Many hotels do not provide double-bedded rooms, in this case you will be confirmed in a twin-bedded room.

- B. Twin-share accommodation if not already included in the basic tour price. (Supp. \$ _____)

Please indicate your preference: Twin-bedded room or Double room**

** Many hotels do not provide double-bedded rooms, in this case you will be confirmed in a twin-bedded room.

- C. In single room accommodation. (Supp. \$ _____)
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If you selected either option A or B, please complete the following (if known):

I wish to share with

Note: Twin-share accommodation for participants travelling without a companion can usually be arranged provided adequate notice is given to ASA. In the event that this is not possible, payment of the single supplement will be required.

ADDITIONAL ARRANGEMENTS

Should you require additional travel arrangements, such as rail, accommodation, hire car or tours, please contact your ASA consultant.

HOW DID YOU FIND OUT ABOUT ASA ?

Would you kindly circle from where you first heard about ASA and the tour you are booking on:

- | | | |
|---|---|---|
| <input type="checkbox"/> 1 National Trust of Victoria | <input type="checkbox"/> 5 University Department | <input type="checkbox"/> 9 La Trobe University Alumni. Member No. _____ |
| <input type="checkbox"/> 2 Friend/word of mouth | <input type="checkbox"/> 6 UWA Extension | <input type="checkbox"/> 10 Other Alumni association _____ |
| <input type="checkbox"/> 3 ASA Mailing List | <input type="checkbox"/> 7 Local Library | <input type="checkbox"/> 11 Specialist magazine _____ |
| <input type="checkbox"/> 4 Kenneth W. Park | <input type="checkbox"/> 8 Gallery Society/Magazine _____ | |

Other _____

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Website: www.asatours.com.au

Postal Address
PO Box 285
Armadale
Victoria 3143

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APPLICANT DETAILS ** WARNING: All travel documents must be issued with your correct passport name!**

TITLE Mr Mrs Ms Miss Dr Other

FIRST NAME (as in passport) Preferred FIRST NAME

MIDDLE NAME (as in passport)

SURNAME (as in passport)

POSTAL ADDRESS

STATE POSTCODE

TEL. (AH) () TEL. (BH) () FAX ()

Mobile Tel: E-MAIL address

Date of birth: GENDER Male Female Smoker Non-Smoker

Airline meals: Standard

Vegetarian: please tick (✓) which of the following you can eat: fish chicken red meat dairy products eggs

Other (specify)

Meals during the tour: Standard

Vegetarian: please tick (✓) which of the following you can eat: fish chicken red meat dairy products eggs

Other (specify)

Frequent Flyer Membership # (if taking group airfare): Name of Airline

Airline Seat preference (please note request only):

PASSPORT DETAILS

Nationality Passport # Expiry Date:

MEDICAL CONDITIONS

ASA's tours require, on occasion, a substantial amount of physical exertion. The purpose of seeking this information is to assist ASA in determining the suitability of a tour participant for a particular tour, and to address how ASA may be able to make 'reasonable accommodation' to cater for those tour participants, where only a minor modification may be needed. The information will be treated in the strictest confidence. If ASA has any concerns based on the information provided by you, it will contact you to discuss those concerns and may request further information or clarification of the information previously provided.

Please outline whether you suffer from any medical conditions in any of the following areas:

Respiratory

Spinal

Cardiac, including Blood Pressure

Allergies

Sight/Sound

Mobility

Any other condition which may affect your ability to participate on this tour?

Person to notify in case of emergency

Name Address

Telephone

If any of the details requested on this form are not yet available (such as your passport number), please still forward your form and communicate these details at a later date.

I have enclosed a deposit of \$ for this tour.

I understand that this deposit is refundable up to 75 days before departure (less cancellation fee).

LIABILITY RELEASE: Please read carefully and sign the following:

I have read the itinerary and related information pertaining to this tour of which I am a participant that has been designed and conducted by Australians Studying Abroad Pty Ltd. I am aware of the terms and conditions of the tour relating to refunds and cancellations, responsibility and liability. I understand that there are inherent dangers and risks that may occur with this tour, known or unknown, relating to but not limited to air, coach, car and ship travel, walks, camera equipment, accidents and/or illnesses and acts of nature, man or God.

I also understand that the itinerary, accommodation and guest lecturers scheduled for this tour may change due to unforeseen circumstances such as illness, political considerations or personal emergencies.

In consideration of the right to participate in this tour, I hereby release Australians Studying Abroad Pty Ltd and its agents, associates or related parties from all responsibility for damages, injuries, losses or delays due to any reason whatsoever and hereby assume all risks and dangers in connection with the tour.

Date Signature(s)