

Art Pursuits Abroad Study Tour Booking Form

Study Tour Title: **Villas of the Veneto**

Dates: **12 - 17 Sept 2017**

PARTICIPANTS' NAMES in the form in which you prefer to be known (For passport names please see below)

Client 1		Client 2	
Title:		Title:	
Name:		Name:	
Date of birth:		Date of birth:	
Address:		Address (if different from client 1):	
Tel./Mobile:		Tel./Mobile:	
E-mail:		E-mail:	

PASSPORT DETAILS

Client 1		Client 2	
Surname(s):		Surname(s):	
First name(s):		First name(s):	
Nationality:		Nationality:	
Place of birth:		Place of birth:	
Passport number:	Place of issue:	Passport number:	Place of issue:
Date of issue:	Date of expiry:	Date of issue:	Date of expiry:

SPECIAL REQUIREMENTS e.g. diets, or anything else we ought to know about you

Client 1	Client 2

INSURANCE DETAILS (if not available at time of booking, please forward at least a fortnight before departure)	
Client 1	Client 2 (if different from client 1)
Company name:	Company name:
Policy number:	Policy number:
Expiry:	Expiry:
24-hour emergency contact number:	24-hour emergency contact number:

EMERGENCY CONTACT DETAILS	
Client 1	Client 2 (if different from client 1)
Name:	Name:
Address:	Address:
Tel./Mobile:	Tel./Mobile:
Relationship to you:	Relationship to you:

ROOM TYPE (please tick as appropriate)	Double	Twin	Single	Double room for sole occupancy
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PAYMENT		
Basic tour price	£ _____ per person	£
Supplement(s)	£ _____ per person	£
TOTAL		£
Deposit (payment at time of booking)	£ _____ per person	£
TOTAL OUTSTANDING		£

I enclose a cheque payable to Art Pursuits Abroad Limited for the sum of £ _____

I have paid by bank transfer to
Art Pursuits Abroad Ltd
The Co-operative Bank P.O. Box 250, Delf House, Southway, Skelmersdale, WN8 6WT
Account Number 70798643, Sort code 08-92-50
IBAN GB87CPBK08925070798643; SWIFT/BIC CPBKGB22

I wish to pay by credit card (Visa or Mastercard) or debit card (Visa Debit or Maestro) and I have given you / will give you my details over the phone.
Please note that a non-refundable 2% handling fee will be added to all credit card payments. Debit card payments are free of charge.

I hereby confirm that all parties included on this form hold a current valid membership to The London Art History Society

I have read and agree to the related Booking Conditions on behalf of all included on this form.

Your Signature:	Date:
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