



BOOKING FORM

Please complete the booking form and send with a cheque made out to: The Tour Organiser, The London Art History Society, c/o Tudor Cottage, Stoke Prior, Leominster, Herefordshire, HR6 0LG. Please mark your envelope 'Italian Cities Tour' at the top left-hand edge.

Tour title: _____ Date: _____

CLIENT 1 The person signing the booking form

NAME (as it appears on your passport)

Title: _____ First name: _____

Middle name: _____

Surname: _____

Date of birth: _____

Address: _____

Home/Work Tel: _____

Mobile: _____

Email: _____

PASSPORT DETAILS

Passport number: _____

Place of birth: _____

Nationality: _____

UK issuing office: _____

Date of issue: _____

Date of expiry: _____

INSURANCE DETAILS

(if unavailable at time of booking, please forward at least 14 days before departure)

Company name: _____

Policy number: _____

Expiry date: _____

24 Hour emergency contact no: _____

EMERGENCY CONTACT DETAILS

Name: _____

Home telephone: _____

Mobile: _____

Relationship to you: _____

ROOM TYPE (please tick as appropriate)

Double Twin Single

Double for sole occupancy

SPECIAL REQUESTS

(eg. dietary requirements, medical conditions or disabilities)

TRAVEL (international tours only)

Including flights/Train Excluding flights/Train

PTO FOR CLIENT 2

CLIENT 2

NAME (as it appears on your passport)

Title: First name:

Middle name:

Surname:

Date of birth:

Address:

Home/Work Tel:

Mobile:

Email:

PASSPORT DETAILS

Passport number:

Place of birth:

Nationality:

UK issuing office:

Date of issue:

Date of expiry:

INSURANCE DETAILS

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Company name:

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EMERGENCY CONTACT DETAILS

Name:

Home telephone:

Mobile:

Relationship to you:

ROOM TYPE (please tick as appropriate)

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SPECIAL REQUESTS

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PAYMENT DETAILS

Tour price (as per travel preference)	£	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 Limited*
Co-op 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 have given you / will give you my details by phone.

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

Signature: _____

Date: _____