



BOOKING FORM

Once complete please return to: access@tsbe.com.au

TOUR NAME:	ACCESS NEW ZEALAND
DEPARTURE DATE:	JUNE 11, 2018

PERSONAL DETAILS

Full Name as appears on passport: _____

Preferred Name (for all name tags): _____

Gender as appears on passport: Male Female

Passport Number: _____

Date of Birth (DD/MM/YYYY): _____

Nationality as appears on passport: _____

Please note Australian passport holders DO NOT require a visa for entry to New Zealand. For all other nationalities please check New Zealand visa requirements.

Passport Issue Date (DD/MM/YYYY): _____

Passport Expiry Date (DD/MM/YYYY): _____

*Passports must have a minimum validity of 6 months from return date to travel.

Country of Issue as appears on passport: _____

Email: _____

Mobile: _____

Company Name: _____

Company Position: _____

IS YOUR COMPANY A TSBE MEMBER?

Yes No

RETURN DATE - AUCKLAND INTERNATIONAL AIRPORT TO BRISBANE INTERNATIONAL AIRPORT:

Friday June 15

Saturday June 16

Monday June 18

ACCOMMODATION

Accommodation is provided from Monday June 11 - checking out Friday June 15.

I will arrange my own additional accommodation

I am returning back to Australia on June 15 and require no additional accommodation

I would like Flight Centre to contact me to arrange additional accommodation

IS YOUR SPOUSE BOOKING ON THE TOUR?:

Yes No

If yes, please complete an Access NZ booking form and return.

Spouse Name: _____

THERE WILL BE AN OPTIONAL BRISBANE TO TOOWOOMBA TRANSFER AVAILABLE. DO YOU REQUIRE THIS SERVICE?

Yes No

CLASS OF TRAVEL:

Economy

Business

Spouse

Qantas Frequent Flyer #: _____

PREFERRED SEATING

Aisle Window No preference

AREAS OF INTEREST:

Agriculture and Food

Energy and Resources

Logistics

Education

ARE YOU INTERESTED IN PARTICIPATING IN BUSINESS MATCHING SERVICES FROM AUSTRADE?:

Yes No

WHERE DID YOU HEAR ABOUT THE ACCESS NZ TOUR?

PERSONAL REQUIREMENTS AND WELLBEING

Dietary Requirements/ Food Allergies:

Existing Medical Conditions or Allergies:

Do you require special assistance?:

EMERGENCY CONTACT

Emergency Contact - Name: _____

Emergency Contact - Phone Number: _____

Emergency Contact - Relationship to you: _____

TSBE DO NOT PROVIDE TRAVEL INSURANCE:

I will organise my own travel insurance (tick box)

TERMS & CONDITIONS:*

I agree to the Terms and Conditions

Full terms and conditions can be found at www.TSBE.com.au/AccessNZ

