




Emerald Global Ltd Booking Form

Return to: Emerald Global • 207 Regent Street • London • W1B 4ND

To confirm your booking please complete this form (BLOCKED CAPITALS) and return to us with your deposit/ full payment

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ADDRESS	UK DEPARTURE DATE	  	
<input type="text"/>	UK DEPARTURE AIRPORT		
<input type="text"/>	DAYTIME TEL NO		
POSTCODE	EMAIL	Tel: 0844 472 3166	
		Fax: 0870 220 4599	

NAMES OF ADDITIONAL TRAVELLERS

SURNAME (as shown on passport)

FIRST NAME

TITLE

DATE OF BIRTH

NATIONALITY

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

HOTEL NAME or NAME OF TOUR

CITY

ROOM TYPE

CHECK IN DATE

CHECK OUT DATE

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PLEASE INDICATE BELOW ANY OPTIONAL TOURS / SPECIAL REQUESTS

<input type="text"/>
<input type="text"/>

(Please attach extra pages if space here is insufficient)

INSURANCE

All passengers must be adequately insured. If you choose not to take our recommended insurance please tick box below and advise us of your insurer's name.

TICK

INSURER'S NAME

<input type="checkbox"/>	<input type="text"/>
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BOOKING DECLARATION

I have read and understood Emerald Global Ltd booking conditions. I agree to the terms in respect of and on behalf of all persons included on this booking whether named or not. All members are fully responsible for fulfilling the necessary health and visa requirements of the holiday. All passports will have at least 1 year's validity on them. I am over 18 years of age.

SIGNATURE

<input type="text"/>

DATE

<input type="text"/>

Travel documents will be sent to the above name and address no later than 8 weeks before departure

PAYMENT ENCLOSED:

NO. OF PERSONS

TOTAL £

DEPOSIT

INSURANCE

GRAND TOTAL £

Cheques should be made payable to Emerald Global Ltd. Full payment should be sent with this form if your booking is made within 2 months of departure. Payment by credit card will incur a minimum 2% charge of the total holiday cost.

I WOULD LIKE TO PAY BY (please tick)

Switch / Connect Mastercard American Express Visa

CARD HOLDER'S SIGNATURE

<input type="text"/>

CARD No.

<input type="text"/>

ISSUE No.

<input type="text"/>

EXPIRY DATE

<input type="text"/>

AMOUNT £

<input type="text"/>
