

BONSAI TOUR RESERVATION FORM 2011

PLEASE COMPLETE IN BLOCK CAPITALS

CONTACT DETAILS OF LEAD PASSENGER

| | |
|----------------------|---------------------|
| Name _____ | Daytime Tel _____ |
| Address _____ | Home Tel _____ |
| _____ Postcode _____ | Email Address _____ |

PASSENGER DETAILS (as on passport)

| Title | Forename | Surname | D.o.B. | Nationality | Passport No. |
|-------|----------|---------|--------|-------------|--------------|
| | | | | | |
| | | | | | |
| | | | | | |

CONTACT DETAILS FOR NEXT OF KIN (NOT TRAVELLING) IN THE EVENT OF AN EMERGENCY

| | |
|----------------------|--------------------|
| Name _____ | Relationship _____ |
| Address _____ | Daytime Tel _____ |
| _____ Postcode _____ | Home Tel _____ |

DIETARY REQUIREMENTS

Please let us know if you have any specific dietary requirements. Whilst we will be able to accommodate your requests in-flight, there is no guarantee of this whilst on tour.

Vegetarian Vegan Kosher Halal Other (please specify) _____

TRAVEL INSURANCE

Details of Japan Journeys travel insurance policy are on our website. All passengers should visit the links page on our website to obtain a quote. We recommend you select the best coverage possible i.e. **Platinum protection**. If you do not take out insurance through us, please supply details of your alternative insurance in the space below.

Insurance Company _____ Policy Number _____
Emergency Assistance Company _____ Telephone Number _____

PAYMENT DETAILS

| Payment Details | Amount | No. | Total |
|--|------------------------------|-----|-------|
| DEPOSIT (10% of Tour Cost) (for UK /non-UK passengers) | £207.50/£129.50 | | |
| INSURANCE (available from our website) not available to non UK residents | | | |
| SINGLE ROOM SUPPLEMENT | £225.00 | | |
| PRE OR POST TOUR ADDITIONAL NIGHTS TOKYO/KYOTO | pp: £45 (twin), £65 (single) | | |
| Please indicate TWIN or DOUBLE room (if sharing) | | | |
| TOTAL REMITTANCE Cheque or credit/ debit card | | | |

I wish to pay by: (tick box)

Mastercard Visa Switch* Delta Cheque *Switch Issue No. _____

Card No. _____

Issue Date: __/__/__ Expiry Date: __/__/__ Cardholder's Name: _____

Security No. _____

N.B. Credit Card payments are subject to a 1.5% administration charge.

On behalf of all named persons on this Reservation Form, I accept the Booking Conditions, general information, insurance conditions and all information enclosed/attached.

Signed _____

Date _____

Total enclosed: £ _____

Send Completed Booking Form to:

Japan Journeys Limited, Cameo House, 11 Bear Street, London WC2H 7AS, United Kingdom
Tel: +44 (0) 20 7766 5267 Fax: +44 (0) 20 7766 5268 Email: info@japanjourneys.co.uk