JAPAN GOURMET TOUR RESERVATION FORM 2012

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)_____

FLIGHT UPGRADE

(We will contact you with further information upon receipt of your reservation form)

Business Class □ First Class □

REGIONAL FLIGHT CONNECTION

Please specify Regional Airport: _____ Price will be confirmed

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 per person (10% of Tour Cost)/(Land only Deposit)	£269.50/£199.50		
INSURANCE (available from our website) **not available to non UK residents**			
SINGLE ROOM SUPPLEMENT	£225		
PRE OR POST TOUR ADDITIONAL NIGHTS TOKYO/KYOTO	pp: £55 (twin), £75 (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 □ Maestro* □ Visa Debit □ Cheque □ *Maestro 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