**2024 Sylvia Ditchburn EPA Norfolk Island Holiday**

Please fill in the form and return by email, fax or post. Payment can be made by direct deposit or Australian personal or bank cheque. If you would prefer to pay by Visa or Mastercard, please note an additional 1.5% will be added to total cost. Please ensure you fill both sides of this form.

**PERSONAL DETAILS:**

**Surname:** *Click here to enter text.* **First Name:** *Click here to enter text.*

***Preferred Name:*** *Click here to enter text.*

**Surname:** *Click here to enter text.* **First Name:** *Click here to enter text.*

***Preferred Name:*** *Click here to enter text.*

**Postal Address:** *Click here to enter text.*

**Phone Number (landline):** *Click here to enter text.* **Mobile:** *Click here to enter text.*

**Email address:** *Click here to enter text.* **Fax:** *Click here to enter text.*

**FLIGHT AND ACCOMMODATION ARRANGEMENTS:**

**Flight Details:** BRISBANE

**Travel dates**

**Qantas Frequent Flyer Number(s):** *Click here to enter number.*

**Accommodation:** *Please write your choice and sharing arrangements*

|  |  |  |  |
| --- | --- | --- | --- |
| **Accommodation choice** | **Share Arrangements** | **Number of Bedrooms** | **Bedding Preference** |
| ALOHA APT | *e.g. Double Share* |  | *Single / Double Bed/s* |
|  |  |  |  |

**HOLIDAY PACKAGE COSTS:**

**Holiday Package: $**\_\_\_\_\_\_\_ **pp x** \_\_\_\_\_\_\_ **adult/s AU$**\_\_\_\_\_\_\_

We highly recommend taking out travel insurance. Would you like us to provide a travel insurance quote?  Yes  No

**Credit Card payment (1.5% surcharge applies):**

□ MasterCard □ Visa

Credit card no………………………………………………………………Expiry Date …………..…..CVV……………..

Cardholder Name…………………………………………………………Signature ………………………………………..

Amount Authorised to charge credit card: …………………………………………………………………………..

**Direct Deposit details:**

Direct deposits into our Commonwealth Bank account can be made at your local Commonwealth Bank or via online banking. Account details as follows...

Account Name:                         Wave Hospitality Group Pty Ltd – NITC Client Funds

BSB Number:                             064 000

Account Number:                     1435 5008

**\*Important\* Please confirm amount and date of payment into our bank account when monies transferred.**

**2024 Sylvia Ditchburn EPA Norfolk Island Holiday**

**ID FORM - CONFIDENTIAL**

**THIS INFORMATION MUST BE COMPLETED AS SHOWN ON YOUR PASSPORT OR IDENTITY DOCUMENT**

|  |  |  |
| --- | --- | --- |
| **CITIZENSHIP DETAILS** | □ New Zealand  □ Australian  Other………………… | □ New Zealand   □ Australian  Other………………… |
| **SURNAME** |  |  |
| **FIRST NAME** |  |  |
| **MIDDLE NAME** |  |  |
| **TITLE** |  |  |
| **PASSPORT OR OFFICIAL DOC NO.** |  |  |
| **DOCUMENT EXPIRY DATE** |  |  |
| **NATIONALITY** |  |  |
| **ISSUING STATE OR ORGANISATION** |  |  |
| **DATE OF BIRTH** |  |  |
| **GENDER M/F** |  |  |
| **PHONE NUMBER OF NIGHT PRIOR TO TRAVEL** |  |  |
| **SPECIAL DIETARY/OTHER REQUIREMENTS**  **e.g. Vegetarian, Wheelchair, etc** |  |  |

Please return this form, together with your non-refundable deposit per person to hold your confirmed reservation:

Via email: cici@travelcentre.nf

Fax: 0011 6723 23205

Mail: Norfolk Island Travel Centre, P.O. Box 172, Norfolk Island 2899, South Pacific

Please make cheques payable to: Norfolk Island Travel Centre