

# 2009 BOOKING FORM



Before completing, please read the Important Information and the Booking Conditions in this insert.

|   |                       |                    |                    |                    |
|---|-----------------------|--------------------|--------------------|--------------------|
| Tour Name   |                       | Departure Date     |                    |                    |
| <b>Passenger Details</b><br>(exactly as shown on passport)    | <b>Lead Passenger</b> | <b>Passenger 2</b> | <b>Passenger 3</b> | <b>Passenger 4</b> |
| Title   |                       |                    |                    |                    |
| First Name/other initials                                     |                       |                    |                    |                    |
| Surname   |                       |                    |                    |                    |
| Date of Birth & Age   |                       |                    |                    |                    |
| Nationality & Place of Birth                                  |                       |                    |                    |                    |
| Passport Number   |                       |                    |                    |                    |
| Date of Issue   |                       |                    |                    |                    |
| Expiry Date   |                       |                    |                    |                    |
| Place of Issue  |                       |                    |                    |                    |
| Smoker or Non-smoker  |                       |                    |                    |                    |
| Contact Name /<br>Tel No in case of emergency<br>you are away |                       |                    |                    |                    |

**Address of Lead Passenger**  
(all correspondence, invoices and documentation will be sent to this address)

**Address**

Post Code \_\_\_\_\_ Tel \_\_\_\_\_

Mobile \_\_\_\_\_ Evening \_\_\_\_\_

Email \_\_\_\_\_

**Does any passenger: (if yes, provide details and passenger name)**

Require a special diet?  No  Yes

Have a relevant medical condition?  No  Yes

Have a relevant disability/mobility problem?  No  Yes

**Please read the notes on "Health, Mobility and Suitability" in the Important Information and Booking Conditions.**

**Accommodation on the Danube Express**

|  |   |                          |
|--|---|--------------------------|
| <input type="checkbox"/> Classic two berth (upper and lower)                         | <input type="checkbox"/> Classic Single                                   | <input type="checkbox"/> |
| <input type="checkbox"/> Classic two berth (upper and lower) with air conditioning   | <input type="checkbox"/> Classic Single with air conditioning             | <input type="checkbox"/> |
| <input type="checkbox"/> Deluxe twin (lower beds) with en suite and air conditioning | <input type="checkbox"/> VIP single with shower/WC                        | <input type="checkbox"/> |
|  | <input type="checkbox"/> Deluxe single with en suite and air conditioning | <input type="checkbox"/> |

**Deposit Payment** Payment may be made by cheque, Visa, Mastercard or Debit card. There is no surcharge for payment by credit/debit card.

Deposit for ..... persons at £..... per person Total Deposit due £ .....

I enclose a cheque made payable to Danube Express Limited  I authorise you to debit my Mastercard  Visa  Debit Card

Cardholders Name (as shown on card) \_\_\_\_\_ Card Number

Start Date     End Date     CVC No    (on the back of the card) Issue No

**Declaration to be signed by the Lead Passenger**  
I confirm on behalf of the above named that we have read and accept the Booking Conditions and the Important Information detailed in this insert.

|               |             |
|---------------|-------------|
| <b>Signed</b> | <b>Date</b> |
|---------------|-------------|

**Name (BLOCK LETTERS)**

**Cancellation, travel and medical insurance**  
It is essential you have sufficient travel insurance for your holiday. When paying the balance you will be asked for details of your insurance company and the policy number.

Please send to: **Luxury Trains, 91 Talbot Road, Ponyclun, Mid-Glamorgan, CF72 8AE Tel: 0845 430 9712**

**Danube Express Limited**



**ABTA**  
ABTA No.Y0677