

Booking Form 2012

Before completing, please read the Important Information and Booking Conditions



Danube Express Limited

Tour Name _____	Danube Express Departure Date _____
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Full Address of Lead Passenger to which all correspondence / Travel Documents is to be sent: _____
 Postcode _____
 Tel _____ Mobile _____ Email _____

Passenger Details <small>(exactly as shown on passport)</small>	Lead Passenger	Passenger 2	Passenger 3	Passenger 4
Title & Gender (M/F)				
First Names				
Surname				
Date of Birth (dd/mm/yyyy)				
Age (at Date of Travel)				
Nationality				
Passport Number				
Date of Expiry				
Issuing Country				

EMERGENCY CONTACT Please advise contact details for someone we may contact whilst you are away, should the need arise.
 Name _____ Relationship _____
 Tel (Home/Work) _____ Mobile _____

ACCOMMODATION: ON THE DANUBE EXPRESS IN HOTELS (where relevant) Deluxe twin (lower beds) with en suite Double Deluxe single (lower bed) with en suite Twin Single

SPECIAL REQUESTS Please note requests will be passed to suppliers but cannot be guaranteed. **ADD ON PACKAGES**
 Classic Package Superior Package
 Prague Package Vienna Package
 Istanbul Loop/Bosphorus to the Baltic Superior Package

QUOTE Please complete if you would like a quote for any variation to your holiday.
 Rail Travel to/from _____ Non-Heathrow flights Flight Upgrade Any Package without Flights
 No of Additional night(s) B & B: in Start City in End City in Prague in Vienna

DOES ANY PASSENGER (if yes, please provide passenger name and details on a separate sheet if necessary)
 Require a Special Diet? No Yes
 Have a relevant medical condition? No Yes
 Have any disability/mobility restrictions? No Yes
 Our holidays include walking over uneven terrain, steps, etc so please read the notes on "Health, Mobility and Suitability" in the Important Information and Booking Conditions and contact us for further advice if you are unsure of your fitness or the suitability of our holidays.

CANCELLATION, TRAVEL AND MEDICAL INSURANCE It is essential you have suitable and adequate travel insurance in force for the duration of your holiday. Please see our Important Information and Booking Conditions for further information. If you already have details of your insurance cover, please complete below. If not, we require you to provide this information when you pay your final balance.
 Insurer _____
 Policy No _____ Insurer's 24 Hour Emergency Tel _____
 We are not able to offer insurance but you can obtain a quote from travel insurance specialists, P J Hayman & Company on 0845 230 0631 or by following the link to their website via www.danube-express.com/insurance. Mention you are travelling with Danube Express and quote DAN2236.

DECLARATION TO BE SIGNED BY THE LEAD PASSENGER On behalf of all the above named, by whom I am authorised to act, I confirm that I have read and agree to the Important Information and Booking Conditions of Danube Express Limited. I agree that personal data which has been provided to Danube Express Limited may be passed to government authorities for border control and aviation security purposes.

NAME _____	SIGNATURE _____	DATE _____
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DEPOSIT/FULL PAYMENT You may pay by bank transfer, cheque, Visa, MasterCard or Debit card. **There is no surcharge for payment by credit/debit card.**
 Deposit ___ persons @ £ _____ pp Total £ _____ Full Payment (if within 60 days of departure) ___ persons @ £ _____ pp Total £ _____
 I enclose a cheque made payable to Danube Express Limited I authorise you to debit my MasterCard Visa Debit Card
 Cardholders Name _____ Card Number _____
 Valid From MM/YY _____ Expiry Date MM/YY _____ Issue No (if applicable) _____ CVC No _____
(last 3 digits in the signature strip on reverse)