BOOKING FORM



If your computer has Adobe Reader, please complete the entry fields using your keyboard & mouse before printing, signing & returning the form via post, fax or scan to email.

Tour Name:				
Tour Commencement Date:		Booking Reference No:		
Title:Given Names:		Surname:		
Address:		Suburb/Town:		
State: Post / Zip Code: _		Country:		
Birth Date: Home Phone Email:				
Passport No:				
Accommodation Preferences: 3-star Room Sharing: Twin-share Singl			G	Non-smoking
Special Needs: E.g. Diet, Medical* etc.				
*If you have an existing Medical Condition, ple In the unforeseen event of an emergency occu				
Name: F	Phone:		_ Relation to you:	
DECLARATION: By signing below, you here Conditions of LetsdoChina.com. You also declar importance of arranging adequate Travel Insur	are that you are phy	sically & medi	_	-
Signature:	[oate:		
Once you've entered all of the necessary detail If you are posting this form, we suggest you priform to us. Please forward one signed copy of	int a second copy fo	ooking, turn yo	our printer on and click	
Fax to: (02) 8090 1826 *if sending from Email to: forms@letsdochina.com	n outside of Austra	alia fax to: +6	12 8090 1826	

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AUSTRALIA

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