

# Registration Form

Do not hesitate to call if you require assistance completing this form.

**Australia** 1300 888 225. **New Zealand** Free Call 0800 440 055

Have you already made a reservation with us by phone? YES  NO

(for office use only) Program NBR

## Program Information

Name of Program:

Your Departure Date:

Your Departure City:

If departing early please provide your overseas contact details:

Ph.  Fax.

Email.

## Personal Details - Traveller 1

List full name AS SHOWN ON PASSPORT

Mr  Mrs  Miss  Ms  Other

Name on passport (given names):

Surname:

Preferred Name:

Address:

Suburb:  Postcode:  State:

Country:  Telephone:

Mobile:  Email:

Date of Birth:  Passport No:

Issued in:

(international bookings only)

Date of issue:  Expiry:

Nationality of passport:

Town of birth:  Country of birth:

Dietary Needs (please specify eg. Diabetic, vegetarian, dairy free etc.):

(all efforts will be made to fulfil your requests but no guarantee will be given)

## Personal Details - Traveller 2 (if applicable)

List full name AS SHOWN ON PASSPORT

Mr  Mrs  Miss  Ms  Other

Name on passport (given names):

Surname:

Preferred Name:

Address:

Suburb:  Postcode:  State:

Country:  Telephone:

Mobile:  Email:

Date of Birth:  Passport No:

Issued in:

(international bookings only)

Date of issue:  Expiry:

Nationality of passport:

Town of birth:  Country of birth:

Dietary Needs (please specify eg. Diabetic, vegetarian, dairy free etc.):

(all efforts will be made to fulfil your requests but no guarantee will be given)

## Health & Medical Information - Traveller 1

Do you have any medical conditions (eg. allergies, heart disease, emphysema, diabetes, seizures, depression, recent surgery), or restrictions (eg. impaired vision, hearing, breathing, injuries, limited mobility, c-pap) that would be important to know in case of an emergency or that would require special equipment/personal assistance?

YES  NO If yes, please specify

Do you take any prescription medications on a regular basis in order to function effectively?

YES  NO If 'yes' please list the generic name(s) of and reason(s) for taking said medication(s) or write 'none'.

### Health & Medical Information - Traveller 2

Do you have any medical conditions (eg. allergies, heart disease, emphysema, diabetes, seizures, depression, recent surgery), or restrictions (eg. impaired vision, hearing, breathing, injuries, limited mobility, c-pap) that would be important to know in case of an emergency or that would require special equipment/personal assistance?

YES  NO If yes, please specify

Do you take any prescription medications on a regular basis in order to function effectively?

YES  NO If 'yes' please list the generic name(s) of and reason(s) for taking said medication(s) or write 'none'.

### Contact in Case of Emergency (other than travelling companion)

Mr  Mrs  Miss  Ms  Other

Relationship:

First Name:

Surname:

Telephone No's: Home:

Work:   Mobile:

### Additional Travel Requirements

Odyssey Travel is licensed to handle all of your travel requirements. Your Educational Travel Adviser will be pleased to assist you. Do you require assistance?

YES  NO If yes, please specify

### Insurance Details

Note: When travel insurance is already included in your program (only applies to Australian & New Zealand residents on most international programs), an application form must still be completed and signed.

I/we wish to have my/our insurance coverage extended  YES  NO

As I/we have planned to travel in addition to the Odyssey Travel program)

Have you enclosed your completed Travel Insurance form?  YES  NO

Do you have your own Travel Insurance?  YES  NO

If yes, Insurance Company Name(s):

Policy Number(s)

International residents will be required to provide proof of insurance cover

Emergency Contact Number of your Travel Insurance company:

 

### Preferred Rooming Requirements – Traveller 1

Sole use  Twin share  Double bed (if available)

Smoker:  YES  NO

### Preferred Rooming Requirements – Traveller 2 (if required)

Sole use  Twin share  Double bed (if available)

Smoker:  YES  NO

Do you have a travelling companion?  YES  NO

if yes, Name:

Do you wish to room together?  YES  NO

If yes,  twin (2 beds)  double (1 bed)

### Flight seating request(s) - Traveller 1

YES  NO If yes, complete

(All efforts will be made to fulfil your requests, but no guarantee can be given)

Seating preference:

Frequent Flyer No.:  Airline:

Special in-flight meal requests:

### Flight seating request(s) - Traveller 2

YES  NO If yes, complete

(All efforts will be made to fulfil your requests, but no guarantee can be given)

Seating preference:

Frequent Flyer No.:  Airline:

Special in-flight meal requests:

### Program Deposit

Enclose a deposit of AUD/NZD\$250.00 per person (domestic) or AUD/NZD\$500.00 (international) per person for each program.

(Note: Other suppliers' deposits must be paid in addition to Odyssey travel requirements in order to complete your reservation and ensure insurance cover) If you are paying the deposit or any balance by credit card you must complete the credit card details below.

Cheque enclosed \$  payable to Odyssey Travel

OR Please debit my/our credit card for \$

Amex  Visa  MasterCard  Diners Card

Credit Card No.:

Expiry Date:

Card Holder name:

Signature:  Date:

### How did you learn about Odyssey Travel?

Have you previously participated in an Odyssey Travel Program ?  YES  NO

If no, how did you learn about Odyssey Travel? (this enables us to monitor the success of our promotions and advertising)

Word of mouth  Newspaper/magazine  
 Talk/presentation  Club  
 Radio Station  Other

### Agreement

#### Emergency Consent

I hereby give my consent to the participating institutions in the Odyssey Travel programs to refer me to the appropriate medical staffing in case of extreme medical emergency when physically unable to give such consent or when delay in obtaining such consent could constitute serious risk to life.

#### Booking Terms & Conditions

I/we have read, understood and accept that the Terms and Conditions which constitute the contract between Odyssey Travel and me/us are subject to the exclusive jurisdiction of the laws, courts and tribunals of the state of New South Wales and Commonwealth of Australia I/we also declare that I am/we are not travelling against medical advice.

Traveller 1 Signature:

Traveller 2 Signature:

Date:

### Office locations

#### Wollongong (Head Office)

**Street:** 36 Young Street, Wollongong NSW 2500

**Postal:** Reply Paid 61317, Wollongong NSW 2522

#### Sydney

**Street:** Suite 3, East Point Shopping Centre,  
235 New South Head Road, Edgecliff NSW 2027

#### Melbourne (ANZCS Odyssey Ed-Ventures)

**Street:** Novotel Melbourne St Kilda,  
16 The Esplanade, St Kilda VIC 3182

**Postal:** PO Box 1102, St Kilda South VIC 3182

#### Auckland

**Street:** 330 Parnell Road, Parnell Auckland 1052

**Postal:** Freepost Odyssey, PO Box 37999, Parnell Auckland 1151