



Folio No#

**TRAVEL BOOKING FORM**

<b>TO:</b>	USM EVENTS		
<b>CONTACT NAME:</b>	Kezzia Taylor	<b>Ph:</b> +61 7 5449 0711	
<b>Email:</b>	<a href="mailto:Kezzia.taylor@usmevents.com.au">Kezzia.taylor@usmevents.com.au</a>	<b>Fax:</b> +61 7 5449 0828	
<b>NAME AS PER PASSPORT:</b>			
<b>TRAVELING WITH:</b>			
<b>ACCOMMODATION</b>	QUAY WEST NOOSA RESORT		
<b>IN DATE:</b>	<b>28.10.09</b>	<b>OUT DATE:</b>	<b>02.11.09</b>   <b>TTL NTS: 5</b>
<b>NBR ROOMS:</b>	#	Configuration:	
<b>ENTRY REQ:</b> <i>Please circle - Individual entry forms to be completed</i>	NOOSA TRIATHLON      AQUATHLON CRAIG WALTON TRI CLINIC      BREAKFAST FUN RUN TOUR DE NOOSA      EYLINE SWIM		
<b>CONTACT PHONE:</b>			
<b>ADDRESS:</b>			
<b>EMAIL:</b>			
<b>50% DEPOSIT REQUIRED:</b>			

**PAYMENT DETAILS:**

CREDIT CARD     VISA             MASTERCARD             AMEX  
 (4% Surcharge applies)

CHEQUE             MONEY ORDER

  
      
      

Expiry Date: \_\_\_\_\_ / \_\_\_\_\_

CARDHOLDERS NAME: \_\_\_\_\_

CARDHOLDERS SIGNATURE: \_\_\_\_\_      DATE: \_\_\_\_\_

**Conditions:**

1. Complete all details as illustrated above (please allow sufficient time for processing being as early in advance as possible).
2. An Itinerary & tax receipt will be sent as confirmation of the booking.
3. Final payment is due to USM Events 30 days prior to arrival.
4. Any cancellations within 30 days of arrival payment will be non refundable.

<b>OFFICE USE ONLY:</b>				
Date	Deposit Paid	Manager	Invoice No#	Balance to be paid