

## Melbourne Flower Show 2015 Booking Form

First Name: _____	
Last Name: _____	
Date of Birth: _____	
Home Tel: _____	Mob: _____
Email: _____	
Home Address: _____	
City: _____	Postcode: _____

<b>Passport no:</b> _____	
Name on Passport: _____	
Expiry Date: _____	Country: _____

<b>Airpoints no:</b> _____	Airline: _____
----------------------------	----------------

**Accommodation requirements** (tick one)

Double  Share Twin  Single Supplement

If you indicated a double room but would like two single beds please tick box

If you indicated share twin and have someone to share with please name them below:  
.....

<b>Dietary Requirements:</b> _____
------------------------------------

<b>Travel Insurance</b> is with (Name of Company): _____
Please note: <i>travel insurance to be organised by yourself</i>

Group is subject to minimum numbers. If insufficient numbers are reached the tour may be cancelled and a full refund made to you. Similarly, confirmations will be made on the date payments are received. Once full no waitlists will apply.

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## Melbourne Flower Show 2015

### Payment Details

Enclosed is my payment of \$ \_\_\_\_\_ per person

I am Paying by (tick one):  
 Credit Card  Online Banking  Cheque  Eftpos

Please debit my credit card for the sum of \$ \_\_\_\_\_  
 VISA  MASTERCARD

Cardholder's Name: \_\_\_\_\_

Card Number  
 | | | | | | | | | | | | | | | | | |

EXPIRY DATE: / \_\_\_\_\_

Payment via online banking for the sum of \$ \_\_\_\_\_  
 Canterbury Horticultural Society Inc. Bank: ANZ Bank  
 Account No: **06 0831 0006913 00**

Please include your **surname** and the tour code: **648/19**  
 as your reference.

Payment via cheque for the sum of \$ \_\_\_\_\_  
 Payable to: Canterbury Horticultural Society

I/We have read and understood the bookings conditions  
 (available from the CHS office and www.chsgardens.co.nz)  
 and agree to comply with them.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I would like a receipt (tick one): Yes  No

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I would like a receipt (tick one): Yes  No

Please return this form to:

Canterbury Horticultural Society  
 57 Riccarton Ave, PO Box 369  
 Christchurch 8014

Tel: (03) 366 6937 Email: office@chsgardens.co.nz  
 Office Hours: Monday to Friday 9am - 4pm

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