Lead Name :

(as shown on passport)

Date of Birth : Nationality :

Passport Number:

Address :

Tel No. Email

Next of Kin

Name: Tel No.

Name of accompanying Person\* :

(as shown on passport)

Date of Birth : Nationality

Address (if difference from above) :

Tel No. Email

Next of Kin Tel No.

At least one person is an IPPS member Yes / No\*

\*Delete as appropriate

|  |  |  |
| --- | --- | --- |
|  | Number of People | Accommodation Required  (Delete as appropriate) |
|  |  |  |
| Full Tour  2nd July to 14th July |  | Single / Double / Twin |
| Short Tour  7th July to 14th July |  | Single / Double / Twin |
| Post Conference Tour  14th July -18th July |  | Single / Double / Twin |

Cost:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Price P/P | Number | Total |
| Full Tour: Sharing | £2065 |  |  |
| Full Tour: Single\* | £2620 |  |  |
| Short Tour: Sharing | £1080 |  |  |
| Short Tour: Single\* | £1313 |  |  |
| Post Conference Tour: Sharing | £495 |  |  |
| Post Conference Tour: Single\* | £565 |  |  |
| Full Tour Non-Member Supplement | £100 |  |  |
| Short Tour Non-Member Supplement | £50 |  |  |
| Post Tour Non-Member Supplement | £25 |  |  |
| **TOTAL** |  |  |  |

\* If you would be prepared to share a twin room with another person travelling on their own please email ippstour2017@gmail.com to make this request. PLEASE NOTE: it may not be possible to find someone to share with but we will make every effort to help you with this request.

Additional Information (special diet, wheelchair/mobility aids, hotel or coach requests etc.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing this booking form, I certify that all the information above is correct, and that I understand I must have travel insurance in place before I travel which covers the whole period of travel.

Name of person completing this booking form :

Signature Date

|  |  |
| --- | --- |
|  | **Payment Options** |
|  | **I enclose a cheque made payable to IPPS Training Ltd** (GBP only) |
|  | **I will be paying via a bank transfer** (GBP only) |
|  | **Bank Details** Name of Account: IPPS Training Ltd Sort Code: 40 – 20 – 32 Account number: 31535560 BIC:  MIDLGB2130V IBAN: GB71MIDL40203231535560  **Please use your name as reference so that we can identify your payment** |

|  |  |
| --- | --- |
| **Returning your form** |  |
| Please return your form by email to: | [admin@ippseurope.org](mailto:admin@ippseurope.org) |
| By post together with your payment to: | IPPS Secretariat  European Region  C/o Growtrain Ltd  8 Woodhorn Business Centre  Woodhorn Lane  Oving  Chichester  West Sussex  PO20 2BX |

Should you have any queries or require any further information at this stage, please contact Graham Bryant or Nina Mills – IPPS Secretariat - by email at [admin@ippseurope.org](mailto:admin@ippseurope.org)

**Thank you for booking - we look forward to welcoming you on the Tour.**

**Full Bank Transfer payment must be made by 30 April 2017**

**Full cheque payment must be received in the post by 15 April 2017**

*IPPS Training Ltd is not registered for VAT  
Registered in England No: 05021914  
Registered office: Market House, 21 Lenten Street, Alton, Hampshire, GU 34 1HG*