

ACCOUNTREMENT PTY LTD
ABN 87 003 890 186
BOOKING FORM
SARDINIA, 25 MAY-01 JUNE 2019

To book, please fill in this form and return to:

Accoutrement Pty Ltd
611 Military Road, Mosman NSW 2088
Phone: 02 9969 4911 / 02 9969 1031
Fax: 02 9969 7929
Email: accoutrement@bigpond.com

COST – \$9,900.00

All inclusive – land content, wine and three meals a day plus cooking classes and excursions.

EXCLUSIONS – International airfares, travel insurance and expenses of a personal nature (mini bar, phone, laundry etc.)

PAYMENT – In order to secure your position, we are now taking \$3,000.00 deposit per person which is non-refundable unless the tour is cancelled. Full payment is required 90 days prior to the tour leaving. If cancellation takes place 60-90 days before departure, 50% of the cost of the tour will be retained. There will be no refund if cancellation takes place less than 60 days before departure, unless the place can be resold. It is necessary for you to take out travel insurance and we will require proof of such.

Departure of this tour is entirely dependent upon a minimum of 10 participants and your deposit will be fully refunded on cancellation of the tour by Accoutrement Pty Ltd.

Travel Insurance is compulsory when you join our tour. We suggest you contact your travel agent and ensure that you are covered for medical and cancellation conditions.

Name (as it appears on passport) _____

Address _____

Postcode _____

Telephone (w) _____ (h) _____ Fax _____

Mobile _____ Email _____

Nationality _____ Passport No _____ Issued At _____

Date of Issue _____ Expiry Date _____ Date of Birth _____

Please Note: Please ensure that from the date of travel, your passport has a minimum of 6 months validity.

I require a Double Room Twin Room Single Room (where possible)

You can pay by cheque to: Accoutrement Cooking School

Direct Deposit to – ANZ Bank, Military Road, Mosman NSW 2088

BSB: 012 830 Account No. 2083 72372

Credit Card – We accept most credit cards. American Express incurs a 3% surcharge.

Visa American Express MasterCard

Expiry Date ____ / ____ CVV _____

Signature _____