

# RUSSIA EXPERIENCE

2005/6 booking form - fax (020) 8566 8843

Passenger	Mr/Mrs/Ms	*First name	*Surname	*Date of birth	*Nationality	*Passport number	Special dietary Requirements**
1							
2							
3							
4							

\* This information must conform with the details on your passport.

**IN ALL CASES, WE ISSUE ONE SET OF DOCUMENTS TO THE LEAD PASSENGER. (PASSENGER 1)**

Home address:  Post code	Work Tel: _____ Mobile Tel: _____	Home Tel: _____ e-mail address: _____
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**ST.PETERSBURG**

1st choice Hotel	2nd choice Hotel	Start date	No of additional nights	1st Class upgrade	Day trip	Arrival flight/train no	Arrival time	Arriving from
				✓				

**TRANS-SIBERIAN**

Trip Name	Start date	No of additional nights Moscow	1st Class upgrade	Arrival flight/train number	Arrival time	Arrival airport *Please delete as appropriate	Arriving from
			✓			Domodedovo/ Sheremetyevo	

Your day trip choice for Ekaterinburg (one only) Hotel upgrade Ulan-Uday <span style="float: right;">✓</span> Hotel upgrade Irkutsk City <span style="float: right;">✓</span>	Your day trip choice for Moscow Siberia Option Name: _____ Soft Trek/ Dive/Chill * delete as appropriate
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**CHINA**

Start date	Number of additional nights Beijing	Number of additional nights Xian	Day trip option	Airport transfer

**RUSSIAN CITIES**

Hotel Name	Start date	Number of additional nights	Rail tickets Route	Day trip	Arrival flight/number	Arrival time	Arriving from *Please delete as appropriate
			2-berth/4-berth				Domodedovo/Sheremetyevo
Car transfers required				Buddy guide Services			

**VISAS**

<b>RUSSIA</b>		<b>MONGOLIA</b>		<b>CHINA</b>	
Free Visa handling service (15 working days to Process)	Y/N	Please organise my Mongolian Visa (5 working days to process)	Y/N	Please organise my Chinese Visa (5 working days to process)	Y/N
I will organise my own Russian Visa with my local consulate	Y/N	I will organise my own Mongolian visa with my local Consulate	Y/N	I will organise my own Chinese visa with my local Consulate	Y/N

**INSURANCE**

Do you wish to take out travel insurance with your agent	Y/N
If not you MUST provide details of alternative cover: Company _____ Policy number _____	

**PAYMENT**

I authorise the Russia Experience Ltd to charge my Visa/MasterCard/Switch/Maestro:

£250.00 per person deposit. I understand the balance is payable 60 days prior to departure.

If departure date is within 60 days. The full trip price, including visa fees.

CARD NUMBER

EXPIRY DATE     ISSUE NUMBER

Card holder signature \_\_\_\_\_

Please automatically take full payment from my card 60 days prior to departure

Payment by cheque: Please make cheques payable to The Russia Experience Ltd.

<b>TRAVEL AGENCY DETAILS (NOT APPLICABLE FOR DIRECT BOOKINGS)</b> Agency Name: _____ ABTA number: _____ Consultant: _____ Telephone: _____ Email: _____	<b>DELIVERY OF DOCUMENTS</b> For all bookings made with one of our approved agents, please note all documentation (including passports) will be returned to the agency.
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**DECLARATION:** I have read the Russia Experience brochure and would now like to book my trip, by signing the booking form or paying the deposit. I declare I have read the booking conditions and accept them on behalf of all members of my party listed above. I have also read and understood the following: That local conditions in my destination may differ from those in my country of resident in terms of infrastructure, attitude to foreign visitors, stability of local economy and restrictions on foreign exchange. I understand my visit is governed by regulations imposed by the elected Government, and that these regulations-concerning availability of entry visas, registration of aliens, local taxes etc-are subject to revision without prior notice. I understand I must submit by passport for the purposes of obtaining visas for an uninterrupted period of 25 days. (Or pay an express fee for quicker processing)

Signed \_\_\_\_\_ Date \_\_\_\_\_