



Dialysis Abroad
UNIQUE & BOUTIQUE

A MEMBER OF
**TRAVELLERS
CHOICE**

ATAS
travel accredited

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Unique Destination Travel Pty Ltd
trading as Dialysis Abroad
ABN 56 141 727 326

BOOKING FORM

This form is to be completed by the traveller unless under the age of 18 years old, in which case a parent or guardian may complete.

Consultant _____ Departure date _____

Travelling with _____

PERSONAL PROFILE (please show name as per passport)

Surname _____

First name _____ Middle name _____

Preferred name _____ Title _____ Sex M F Date of birth _____

Home address _____

_____ State _____ Postcode _____

Postal address (if different from above) _____

_____ State _____ Postcode _____

Home phone no. _____ Business phone no. _____ Mobile no. _____

Home email address _____

Business email address _____

Email address while travelling _____

DIALYSIS TRAVELLERS

Type Haemo PD _____ Hours per dialysis _____ Days of dialysis S M T W T F S

Name of dialysis unit _____ Unit phone no. _____

Name of kidney specialist _____

EMERGENCY CONTACT

Name _____ Relationship to passenger _____

Address _____

Home phone no. _____ Mobile no. _____ Email _____

FREQUENT FLYER MEMBERSHIPS

Airline _____ Membership no. _____

Airline _____ Membership no. _____

SPECIAL REQUESTS

MEALS Vegetarian Gluten intolerant Other _____

ASSISTANCE Wheelchair Meet & Assist Other _____

SEATING Aisle Window Other _____

ACCOMMODATION Non-smoking Twin beds Other _____

Should we be aware of any mobility issues? _____

Is there any reason why you would be denied permission to travel by any airline(s), transport carriers, tour operators or Government?
If 'Yes' please advise. If not enough space, continue overleaf. _____

Are you celebrating a special occasion whilst away? Details _____ Date _____

PASSPORT DETAILS - Please return a copy of the photo page of your passport with this form. If you are waiting on your passport, please write 'TBA'

Passport Nationality _____ Passport no. _____

Date of issue _____ Date of expiry _____

Do you hold more than one valid passport? If so please provide details below.

Passport Nationality _____ Passport no. _____

Date of issue _____ Date of expiry _____

How did you find out about Dialysis Abroad? _____

DECLARATION

By signing this form I acknowledge that I have read, understood and accept the Booking Terms and Conditions which form part of the contract. I declare that the information above is true and correct.

Signature _____ Date _____

Tick here if you do not wish to receive any promotional materials from Dialysis Abroad.

For office use only CCT _____ GDS _____ MKT _____