



# International Marketing China Study Program 2009

This form is to be accompanied with a \$1000 deposit.

This completed form is to be submitted to Sandra Luxton in the Department of Marketing - Monash University.

All payments to be made payable to Reho Travel Pty Ltd. Payment can be made by cash, cheque, credit card (1% bank fee) or Internet bank transfer. Bank details for Reho Travel are as follows. (Please put your surname and MIMSP in reference field) NAB Bank BSB: 083004 Account number: 590514406. Reho Travel will issue receipts to you. Deposit due Fri 3<sup>rd</sup> April 2009 \$1000 { }

Final payment due Fri 8<sup>th</sup> May 2009 TWIN \$4480.00 { } SINGLE \$5070.00 { }

Changes to your return date must be advised to Reho Travel by Fri 24th April 2009.

Contact: Jo Walsh Reho Travel, 209 Toorak Rd, South Yarra Vic 3141  
Phone: (03) 9823 5222 Fax: (03) 9827 0373 e-mail: [jojo@reho.com](mailto:jojo@reho.com) website: [www.reho.travel](http://www.reho.travel)



## International Marketing China Study Program 2009- BOOKING FORM

Student Name (for nametag): \_\_\_\_\_ Sex {M } {F }

First Name (as per passport): \_\_\_\_\_

Last Name (as per passport): \_\_\_\_\_

In case of Emergency, please provide the following details:

Next of Kin: \_\_\_\_\_ Relationship: \_\_\_\_\_ Tel: \_\_\_\_\_

Student I/D: \_\_\_\_\_

Course of Study: \_\_\_\_\_

Number of Units completed end of Semester 2, 2008: \_\_\_\_\_

Address \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_ Monash Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Nationality \_\_\_\_\_ Passport No. \_\_\_\_\_ Exp Date \_\_\_\_\_

Seating Preference: Window { } Aisle { } Do you have any special meal requirements? \_\_\_\_\_

Accommodation: Person you would you like to share with: \_\_\_\_\_

Do you require any additional arrangements before/after the tour? Yes { } No { }

Departing Australia at a different time to the main party may incur airfare surcharges.

Do you have a pre-existing medical condition? Yes { } No { }

Miscellaneous and Special handling request \_\_\_\_\_

I would like to pay my deposit by Visa or MasterCard Number: \_\_\_\_\_ EXP \_\_\_/\_\_\_

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