



# SECOND MONTESSORI STUDY TOUR – EUROPE

15/18 July - 31 July 2017

## REGISTRATION FORM



International Montessori Congress  
Prague, Czech Republic  
27 – 30 July 2017



### PERSONAL DETAILS

Name as it appears on your passport:

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

<b>Passport Number:</b>	<b>Nationality:</b>
<b>Expiry Date:</b>	<b>Date of Birth:</b>

Is anyone travelling with you?:  Yes  No

Surname	First and Middle Names	DOB	Relationship	Passport No.	Expiry Date

### PRICING

<input type="checkbox"/> <b>TOUR AND AIRFARE ex Australia (full package)</b> Per person, including European Flights	<input type="checkbox"/> <b>Single AU\$4870</b>	<input type="checkbox"/> <b>Twin AU\$4490</b>
<input type="checkbox"/> <b>TOUR OF ITALY &amp; THE NETHERLANDS ONLY</b> Per person, including European Flights	<input type="checkbox"/> <b>Single AU\$2350</b>	<input type="checkbox"/> <b>Twin AU\$1970</b>

**NB – Prices may need to change should the exchange rate fluctuate dramatically or due to unforeseen circumstances.**

### REQUESTS & REQUIREMENTS

Departing from:  Brisbane  Sydney  Melbourne  Adelaide  Perth  Other \_\_\_\_\_

Do you have special dietary requirements? \_\_\_\_\_

Do you require mobility assistance? Please provide details: \_\_\_\_\_

Preferred departure date from prague (please select one):  Sunday 30 July 2017  Monday 31 July 2017

Would you like us to arrange travel insurance for you?  Yes  No

Emirates frequent flyer number (free to join at [www.emirates.com](http://www.emirates.com)): \_\_\_\_\_

Do you wish to have a stopover in Dubai on the way home (only available on return trip)?  Yes  No

### PAYMENT (Direct Debit preferred)

> \$500 initial deposit required with returned registration form

> \$500 second payment due **28 February 2017**

**BALANCE: Due 05 May 2017**

**DIRECT DEBIT – Bank:** NAB **BSB:** 084 961 **Account No.:** 1759 70156 **Reference:** Your name and Montessori

**CREDIT CARD (+1.75% Credit Card Fee) –**  Visa  Mastercard

Card No: \_\_\_\_\_ Cardholders Name: \_\_\_\_\_

Expiry Date \_\_\_\_ / \_\_\_\_ (Please provide the 3 digit security number separately)