

# ODYSSEY TRAVEL REGISTRATION FORM

Do not hesitate to call if you need assistance completing this form. Australia 1300 888 225. New Zealand free call 0800 440 055

NAME OF PROGRAM

IF APPLICABLE, TRAVEL COMPANION'S NAME

DEPARTURE DATE

ROOM TYPE (PLEASE TICK)  SINGLE  TWIN  DOUBLE

## PERSONAL DETAILS (PLEASE COMPLETE ONE FORM PER PERSON)

FULL NAME AS SHOWN ON PASSPORT

DATE OF BIRTH

STREET ADDRESS

SUBURB

EMAIL ADDRESS

POSTCODE

PHONE NUMBER

MOBILE NUMBER

PASSPORT NUMBER

ISSUED IN

DATE OF ISSUE

EXPIRY DATE

NATIONALITY

TOWN OF BIRTH

COUNTRY OF BIRTH

DIETARY NEEDS (e.g. VEGETARIAN, DAIRY FREE, DIABETIC)

MEDICAL CONDITIONS (INCLUDING PRESCRIPTION MEDICATIONS)

EMERGENCY CONTACT - NAME

EMERGENCY CONTACT - RELATIONSHIP

EMERGENCY CONTACT - PHONE NUMBER

EMERGENCY CONTACT - EMAIL ADDRESS

## DEPOSIT PAYMENT (PLEASE ENCLOSE A DEPOSIT OF \$500 PER PERSON PER PROGRAM)

CHEQUE  
(PAYABLE TO ODYSSEY TRAVEL)

BANK TRANSFER (AUS)  
BSB: 012-281 ACCT: 212-570-611

BANK TRANSFER (NZ)  
ACCT: 06-0193-0546252-29

CREDIT CARD PAYMENT  
PLEASE COMPLETE BELOW

CARD NUMBER

EXPIRY DATE

CARD HOLDER NAME

SIGNATURE

DATE

You can also call our friendly office staff to provide your Credit Card details over the phone. Travel Agents please call or email Odyssey travel.

## AGREEMENT

By completing and submitting this Registration form we understand that all named travellers agree to Odyssey Travel's Terms & Conditions as per the website: [www.odysseytraveller.com.au](http://www.odysseytraveller.com.au)

YES  NO

SIGNATURE

DATE

Email: [info@odysseytravel.com.au](mailto:info@odysseytravel.com.au)

Post to: Po Box 189, Edgecliff, NSW 2027 or (New Zealand) Po Box 37999, Parnell, Auckland 1151

# INTRODUCE A FRIEND TO ODYSSEY TRAVEL

When it comes to introducing Odyssey Travel to new people, nobody is better than you.

Introduce a friend to Odyssey, and receive a travel credit for international programs of AUD\$350.00 when you travel. Your friend will also receive a \$350.00 discount when they book and pay for an international program.

So we know who to credit, be sure to fill out your name and address on the reverse side of this form.

FRIEND ONE	
<input type="text"/>	
FIRST NAME	
<input type="text"/>	
LAST NAME	
<input type="text"/>	
STREET ADDRESS	
<input type="text"/>	
SUBURB	
<input type="text"/>	<input type="text"/>
STATE	POSTCODE
<input type="text"/>	
EMAIL ADDRESS	

FRIEND TWO	
<input type="text"/>	
FIRST NAME	
<input type="text"/>	
LAST NAME	
<input type="text"/>	
STREET ADDRESS	
<input type="text"/>	
SUBURB	
<input type="text"/>	<input type="text"/>
STATE	POSTCODE
<input type="text"/>	
EMAIL ADDRESS	

Please return the attached completed registration form to one of the following:

Email: [info@odysseytravel.com.au](mailto:info@odysseytravel.com.au)

Post to: Po Box 189, Edgecliff, NSW 2027 or

(New Zealand) Po Box 37999, Parnell, Auckland 1151

Australia: 1300 888 225 and (02) 4224 7000

New Zealand: 0800 440 055

Email: [info@odysseytravel.com.au](mailto:info@odysseytravel.com.au)

Website: [www.odysseytraveller.com](http://www.odysseytraveller.com)



*See · Feel · Learn*