



ATBC-SCB AFRICA 2011

JUNE 12TH – 16TH, 2011

ARUSHA, TANZANIA

PRE-CONFERENCE AND POST CONFERENCE TRIP BOOKING FORM

KINDLY FORWARD THE COMPLETED FORM TO: ATBC-SCB AFRICA 2011 EVENT ORGANISER

EMAIL: EO@ATBC-SCBAFRICA2011.ORG

Information			
Lead travels Full name			
Home address			
Street Name			
House/apartment number/Name			
P.O Box (if any)			
Town			
City			
Country			
Land line (inclusive of country and area code)			
Mobile phone (inclusive of country and area code)			
Fax Number (inclusive of country and area code)			
e-mail address			
TRIP DETAILS			
ATBC-SCB AFRICA 2011 trip booking code			
Trip description			
Number of passengers			
Trip start date (DD/MM/YYYY) First choice			
Trip start date (DD/MM/YYYY) second choice			
Trip start date (DD/MM/YYYY) third choice			
Passenger Information			
Lead Passenger Name		Third Passenger Name	
Date Of Birth (DD/MM/YYYY)		Address (if different from Lead Passenger)	
Nationality (Passport)		Home address	
Special Dietary requirements		Street Name	
Emergency Contact Name		House/apartment number/Name	
Emergency Contact Tel Num: (Country code, area code, number)		P.O Box (if any)	
Second Passenger Name		Town	
Known medical conditions		City	
Known allergies		Country	
Current medications		Land line (inclusive of country and area code)	
Second Passenger Name		Mobile phone (inclusive of country and area code)	



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Address (if different from Lead Passenger)		Fax Number (inclusive of country and area code)	
Home address		e-mail address	
Street Name		Date Of Birth (DD/MM/YYYY)	
House/apartment number/Name		Nationality (Passport)	
P.O Box (if any)		Special Dietary requirements	
Town		Emergency Contact Name	
City		Emergency Contact Tel Num: (Country code, area code, number)	
Country		Known medical conditions	
Land line (inclusive of country and area code)		Known allergies	
Mobile phone (inclusive of country and area code)		Current medications	
Fax Number (inclusive of country and area code)		Fourth Passenger Name	
e-mail address		Address (if different from Lead Passenger)	
Date Of Birth (DD/MM/YYYY)		Home address	
Nationality (Passport)		Street Name	
Special Dietary requirements		House/apartment number/Name	
Emergency Contact Name		P.O Box (if any)	
Emergency Contact Tel Num: (Country code, area code, number)		Town	
Known medical conditions		City	
Known allergies		Country	
Current medications		Land line (inclusive of country and area code)	
Third Passenger Name		Mobile phone (inclusive of country and area code)	
Address (if different from Lead Passenger)		Fax Number (inclusive of country and area code)	
Home address		e-mail address	
Street Name		Date Of Birth (DD/MM/YYYY)	
House/apartment number/Name		Nationality (Passport)	
P.O Box (if any)		Special Dietary requirements	
Town		Emergency Contact Name	
City		Emergency Contact Tel Num: (Country code, area code, number)	
Country		Known medical conditions	
Land line (inclusive of country and area code)		Known allergies	
Mobile phone (inclusive of country		Current medications	



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Information			
and area code)			
Fax Number (inclusive of country and area code)		Fifth Passenger Name	
e-mail address		Address (if different from Lead Passenger)	
Date Of Birth (DD/MM/YYYY)		Home address	
Nationality (Passport)		Street Name	
Special Dietary requirements		House/apartment number/Name	
Emergency Contact Name		P.O Box (if any)	
Emergency Contact Tel Num: (Country code, area code, number)		Town	
Known medical conditions		City	
Known allergies		Country	
Current medications		Land line (inclusive of country and area code)	
Fourth Passenger Name		Mobile phone (inclusive of country and area code)	
Address (if different from Lead Passenger)		Fax Number (inclusive of country and area code)	
Home address		e-mail address	
Street Name		Date Of Birth (DD/MM/YYYY)	
House/apartment number/Name		Nationality (Passport)	
P.O Box (if any)		Special Dietary requirements	
Town		Emergency Contact Name	
City		Emergency Contact Tel Num: (Country code, area code, number)	
Country		Known medical conditions	
Land line (inclusive of country and area code)		Known allergies	
Mobile phone (inclusive of country and area code)		Current medications	
Fax Number (inclusive of country and area code)		Sixth Passenger Name	
e-mail address		Address (if different from Lead Passenger)	
Date Of Birth (DD/MM/YYYY)		Home address	
Nationality (Passport)		Street Name	
Special Dietary requirements		House/apartment number/Name	
Emergency Contact Name		P.O Box (if any)	
Emergency Contact Tel Num: (Country code, area code, number)		Town	
Known medical conditions		City	
Known allergies		Country	
Current medications		Land line (inclusive of country and area code)	



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Information			
Accommodation			Mobile phone (inclusive of country and area code)
Type of accommodation Preference (please tick choice)	Hotel	Camping	Fax Number (inclusive of country and area code)
Rooms Required (Hotels/Lodges) Tents if camping			e-mail address
Single (add number required)			Date Of Birth (DD/MM/YYYY)
Double (add number required)			Nationality (Passport)
Twin (add number required)			Special Dietary requirements
Family (if available) (add number required)			Emergency Contact Name
Accommodation After Safari	<i>Should you require accommodation after the your trip, before or after conference please provide details</i>		Emergency Contact Tel Num: (Country code, area code, number)
Date from (DD/MM/YYYY)			Known medical conditions
Departing (DD/MM/YYYY)			Known allergies
Town/City			Current medications
Room Type			Current medications
Single (add number required)			
Double (add number required)			
Twin (add number required)			
Family (if available) (add number required)			
Hotel Class (Budget, Middle, high)			
ANY SPECIAL REQUIREMENTS	<i>Please let us know anything else you would like to tell us</i>		