



LAS VEGAS - SUNDAY 9TH – SUNDAY 16TH OCTOBER 2022

Title (Mr/Mrs/Ms/Miss)	
First Name as per passport	
Last Name as per passport	
Company Name	
Position	
Business Street Address	
Suburb	
State	
Post Code	
Document Delivery Address (if different from above)	
Business Phone	
Mobile	
Email Address	
I authorise CCM Travel to distribute my contact details to the touring party	YES <input type="checkbox"/> NO <input type="checkbox"/>
Passport No.	
Passport Expiry Date	
Nationality on Passport	
Date of Birth	
Single or Twin Share Package	
Who will you be sharing with?	
Smoking / Non Smoking	

Dietary Requirements	
Do you wish to attend the Educational Seminars? <i>*Cost TBA</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you wish to make travel arrangements outside the tour? <i>(if yes please ensure credit card details are completed below)</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Travel Insurance required through CCM Travel?	QUOTE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>

For any additional charges outside the tour package, credit card payment is mandatory. Please advise details below:

Name on Card	_____		
Credit Card Type:	Visa <input type="checkbox"/>	Mastercard <input type="checkbox"/>	Amex <input type="checkbox"/>
Credit Card Number	_____		EXP _____
CCV Number	_____		
Signature	_____		
Date	_____		
	<i>Merchant fees apply: Visa/Mastercard = 2% Amex = 3%</i>		

Signature of Traveller : _____

Date: _____

Please email completed form to Catherine at CCM Travel - catherine@ccmtravel.com.au

*** Please note documents will not be released until final payment is received*

*** A selection of photos from the tour will be placed on our website and Facebook page upon return*

