

## 2009 Quarry Industry Study Tour Registration Details

### DELEGATE'S PERSONAL INFORMATION (Please print or type)

Surname (As Shown on Passport):	<input style="width: 100%;" type="text"/>		
Given Names (As Shown on Passport):	<input style="width: 60%;" type="text"/>	Preferred Name:	<input style="width: 20%;" type="text"/>
Title:	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>
	Miss <input type="checkbox"/>	Dr <input type="checkbox"/>	Date of Birth: <input style="width: 100px;" type="text"/>
Company Name:	<input style="width: 100%;" type="text"/>		
Company Title:	<input style="width: 100%;" type="text"/>		
Business Address:	<input style="width: 100%;" type="text"/>		
	Postcode: <input style="width: 100px;" type="text"/>	Cost Centre:	<input style="width: 100px;" type="text"/>
Business Telephone (Direct):	<input style="width: 150px;" type="text"/>	Business Fax:	<input style="width: 100px;" type="text"/>
Mobile:	<input style="width: 150px;" type="text"/>	Email Address:	<input style="width: 200px;" type="text"/>
Home Address:	<input style="width: 100%;" type="text"/>		
	Postcode: <input style="width: 100px;" type="text"/>		
Home Telephone:	<input style="width: 150px;" type="text"/>	Home Fax:	<input style="width: 100px;" type="text"/>
Travel Coordinator's Name & Telephone No. (if applicable):	<input style="width: 100%;" type="text"/>		

### DELEGATE'S PASSPORT DETAILS

Nationality on Passport:	<input style="width: 150px;" type="text"/>	Passport No.:	<input style="width: 100px;" type="text"/>	Exp. Date:	<input style="width: 50px;" type="text"/>
Nationality on Passport:	<input style="width: 150px;" type="text"/>	Passport No.:	<input style="width: 100px;" type="text"/>	Exp. Date:	<input style="width: 50px;" type="text"/>
Country of Birth:	<input style="width: 100%;" type="text"/>				

### DELEGATE'S AIRLINE SEATING PREFERENCES & CLUB MEMBERSHIP

Seating Preferences:	First: <input type="checkbox"/>	Business: <input type="checkbox"/>	Economy: <input type="checkbox"/>	Upper /Lower Deck: <input type="checkbox"/>
Seating Preferences:	Smoking: <input type="checkbox"/>	Non-Smoking: <input type="checkbox"/>	Aisle: <input type="checkbox"/>	Window: <input type="checkbox"/>
Special Meal (specify):	<input style="width: 100%;" type="text"/>			
Airline Club Membership:	<input style="width: 150px;" type="text"/>	Membership No.:	<input style="width: 100px;" type="text"/>	
Airline Club Membership:	<input style="width: 150px;" type="text"/>	Membership No.:	<input style="width: 100px;" type="text"/>	

### DELEGATE'S ACCOMMODATION PREFERENCES & CLUB MEMBERSHIP

Room Preferences:	Smoking: <input type="checkbox"/>	Non-Smoking: <input type="checkbox"/>	Other: <input style="width: 100px;" type="text"/>
Hotel Membership:	<input style="width: 150px;" type="text"/>	Membership No.:	<input style="width: 100px;" type="text"/>
Hotel Membership:	<input style="width: 150px;" type="text"/>	Membership No.:	<input style="width: 100px;" type="text"/>
Special Requirements:	<input style="width: 100%;" type="text"/>		

### INTERMAT 2009 ENTRY PASS

Pass Required for Delegate:  Pass Required for Partner:

Please note that the INTERMAT PASS allows for multiple entries by an individual.

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### ACCOMPANYING PERSONS' PERSONAL INFORMATION (Please print or type)

Surname (As Shown on Passport):			
Given Names (As Shown on Passport):		Preferred Name:	
Title:	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>
	Miss <input type="checkbox"/>	Dr <input type="checkbox"/>	Date of Birth: <input style="width: 100px;" type="text"/>
Home Telephone:			Home Fax: <input style="width: 100px;" type="text"/>
Travel Coordinator's Name & Telephone No.:			

### ACCOMPANYING PERSONS' PASSPORT DETAILS

Nationality on Passport:		Passport No.:		Exp. Date:	
Nationality on Passport:		Passport No.:		Exp. Date:	
Country of Birth:					

### ACCOMPANYING PERSON'S AIRLINE SEATING PREFERENCES & CLUB MEMBERSHIP

Seating Preferences:	Smoking:	<input type="checkbox"/>	Non-Smoking:	<input type="checkbox"/>	Aisle:	<input type="checkbox"/>	Window:	<input type="checkbox"/>
Special Meal (specify):								
Airline Club Membership:		Membership No.:						
Airline Club Membership:		Membership No.:						

### CAR RENTAL DETAILS (If required following the study tour)

Car Type:	Automatic:	<input type="checkbox"/>	Manual:	<input type="checkbox"/>
Car Size:	Small:	<input type="checkbox"/>	Medium:	<input type="checkbox"/>
Car Rental Membership:			Membership No.:	
Car Rental Membership:			Membership No.:	
Express Membership:			Membership No.:	

### SPECIAL REQUIREMENTS

Please indicate below if you require any of the following to be organized by Global Connection:

- Travel Insurance
- Flights to connect to and from the Tour Group in Sydney
- Upgrading of your flights to Business or First Class
- Other travel arrangements if you are extending your stay following the tour, including:
  - Delaying your return flight
  - Accommodation
  - Car hire
  - Other tours
  - Other flights


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PAYMENT DETAILS & ACCEPTANCE OF TERMS AND CONDITIONS

# Payment

## Cheque/Money Order

Make your cheque/money order payable to "The Global Connection" attach your invoice or reference to your booking and mail it to:

\* PO Box 816, Lane Cove NSW 1595 \*

## Direct Deposit

Bank: National Australia Bank  
Account Name: The Global Connection  
BSB No: 082 302  
Account No: 472 402 892

\* Please fax a copy of your receipt to **(02) 9922 7077** or email to [payments@globalconnection.com.au](mailto:payments@globalconnection.com.au) \*

## Credit Card (Extra charges may apply, please check with our office first)

\* Credit Card payments please complete details below and return by fax to **(02) 9922 7077** \*

### Card Type

Visa                  MasterCard                  Bankcard                  American Express                  Diners

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ CW Code: \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Total Amount \_\_\_\_\_

On behalf of the persons named, I have read, understood and accept the Terms & Conditions

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_