

# IIRA PRE/POST CONFERENCE TOUR BOOKING FORM

Delegate

Title (Mr./Mrs./ Ms.)

First Name

Last Name

Designation

Institute / Organization

Mailing Address

City

Country

Telephone

Fax

E-mail

Accompanying Persons name

Room type

Single

Double

Twin sharing

Check-in date

Check-out date

## Local Sightseeing tours

Tours opted (Give Codes Only)

By Car/Coach

Tour dates

No. of persons

## Pre-post Conference tours

Tours opted (Give Codes Only)

By Car/Coach

Tour dates

No. of persons

## Arrival / Departure

Arrival transfer

Yes

Departure transfer

Yes

Arriving on

by (flight no.)

at

from

Departing on

by (flight no.)

at

from

Transfers from/to International Airport (USD 21 one way from airport to hotel or v.v)

Mode of payment

You may pay for requested services by any of the following modes of payment:

By Bank Transfer

Payable to: **Holiday Maker India Pvt. Ltd.**

Bank account no.: **OD-10371.**

Bank name: **Canara Bank.**

Swift Code No. **CNRBINBDFS**

Bank Address: Diplomatic Enclave, Chanakyapuri, New Delhi – 110021.

(Please also fax us a copy of the bank transfer at + 91 11 268535425)

By Credit Card

In case of payment with American Express Credit Card please attach a copy of your passport and credit card (both back and front) otherwise we can't process your payment.

Kindly fill in the below authorization format and fax it to + 91 11 26853425 along with both side clear photocopies of your credit card.

Please send a copy of bank receipt by fax on 00-91-11-26853425 or by email.

<b>American Express</b> <b>Credit Card Number:</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>Expiration Date:</b> _____ <b>With the last 4 Digit number of the back of the credit card:</b>
<b>Total Payment:</b> _____ <b>Identity Document Number:</b> _____
<b>Name of card holder:</b> _____ <b>Signature of cardholder:</b> _____

By this signature I authorize to charge the amount describe on the total payment and penalties in case of last time cancellation in the bookings.

**Your Official Travel Agents:**

**Holiday Maker (India) Pvt Ltd**

**USO House, 6 Special Institutional Area, New Delhi-110067 India.**

**Tel: 00-91-11-26868809, 26864236**

**Fax: 00-91-11-26853425, Mobile: 00-91-09811168868**

**Email: holiday\_m@vsnl.com; deepikahuja@vsnl.net; holiday@bol.net.in**