

**REGISTRATION FORM**  
**BHUTAN WORKSHOP STUDY TOUR (4-16 November 2014)**

Please complete this form and send it to the below address together with a deposit of \$Australian 2200 Cheques payable to George W Burns. Contact us for direct transfer details.

**PARTICIPANT**

Mr/Mrs/Miss/Ms/Dr (Last name): \_\_\_\_\_

First names: \_\_\_\_\_  
(THIS **MUST** BE EXACTLY AS IT APPEARS IN YOUR VALID PASSPORT. Please print clearly)

Address: \_\_\_\_\_

\_\_\_\_\_ P/code: \_\_\_\_\_

Tel: (h) \_\_\_\_\_ (wk) \_\_\_\_\_ Occupation: \_\_\_\_\_

Email address: \_\_\_\_\_

Do you have a pre-existing medical condition? Yes/No? \_\_\_\_\_

If Yes, please give details: \_\_\_\_\_

If so, has your medical practitioner seen the proposed itinerary and approved your participation?

Yes/No? \_\_\_\_\_

**PASSPORT DETAILS**

**If you get a new passport or your name or passport details alter in ANY way prior to departure you MUST advise us immediately or airlines will not fly you and Bhutan will refuse you entry. Your passport must be valid for at least 6 months beyond 17 November 2014. If not, please renew.**

Nationality: \_\_\_\_\_ Passport no: \_\_\_\_\_

Place of issue: \_\_\_\_\_ Date of issue: \_\_\_\_\_ Date of expiry: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth \_\_\_\_\_

Special requests (eg. Vegetarian/ single accommodation):  
\_\_\_\_\_

Return this form by mail to: George W. Burns, PO Box 289, Darlington, WA 6070, AUSTRALIA.  
By email to: info@georgeburns.com.au

**I have read, understood and accept the Conditions of Contract and Waiver of Liability**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_