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| **Tours & Airport Transfers Booking Form** | | | | | | | | | | | | | | | | | |
| **ISSFAL Congress 2016** | | | | | | | | | | | | | | | | | |
| To reserve tours & airport transfers kindly complete the form and forward to  Specialized Tours & Events  Email: [specialt@iafrica.com](mailto:specialt@iafrica.com) Fax No: +27 21 418 0622 | | | | | | | | | | | | | | | | | |
| **DELEGATE INFORMATION** | | | | | | | | | | | | | | | | | |
| Last Name/Family Name | | | First Name | | | | Title: Prof/Dr/Ms/Mrs./Mr. | | | Nationality | | | | | | | |
|  | | |  | | | |  | | |  | | | | | | | |
| Accompanying Persons | | | | | | | | | | | | | | | | | |
|  | | |  | | | |  | | |  | | | | Indicate ages of children | | | |
|  | | |  | | | |  | | |  | | | |  | | | |
|  | | |  | | | |  | | |  | | | |  | | | |
| Institution Name | | |  | | | | | | | | | | | | | | |
| Postal Address | | |  | | | | | | | | | | | | | | |
| City | |  | | | State | |  | | Post/Zip Code | | | |  | | | | |
| Country | |  | | | Phone | |  | | Mobile | | | |  | | | | |
| Email Address (Please Print) | | |  | | | | | | Fax | | | |  | | | | |
| Dietary requirements | | | | | | |  | | | | | | | | | | |
| Other special requests | | | | | | |  | | | | | | | | | | |
| **AIRPORT TRANSFERS** | | | | | | | | | | | | | | | | |
| If you would like to book transfers between Cape Town International Airport and the appointed accommodation in Stellenbosch and return, please fill out the details below. **A pre-booked and pre-paid transfer costs R440 per person, one way.** | | | | | | | | | | | | | | | | |
| **Arrival**  **Date** | **Pick Up** | | | **Pick up**  **Time** | | **Flight**  **Number** | | **Drop Off Hotel / Guest House** | | | **No. Of**  **People** | | | | |  |
|  | Cape Town  Int. Airport | | |  | |  | |  | | |  | | | | |  |
| **Departure Date** | **Pick Up**  **Hotel / Guest House** | | | **Pick up**  **Time** | | **Flight**  **Number** | | **Flight Depart Time** | | | **No. Of**  **People** | | | | |  |
|  |  | | | 1 hour before check in time | |  | |  | | |  | | | | |  |
| Total Transfer Cost | | | | | | | | | | | | ZAR | | |  | |
| Arrival Airport Information: On arrival at Cape Town International Airport; collect your luggage and proceed into the main arrivals hall. Look out for a representative who will be holding a board with your name on it. Should you encounter problems locating the Meet and Greet representative; please call the contact numbers available on your transfer voucher. | | | | | | | | | | | | | | | | |

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| **LEISURE DAY TOUR PROGRAMME** | | | | | | | |
| For full details please visit the congress website: www.issfalcongress.com  Please select the tour of your choice from the website and complete the tour booking section. A deposit of 20% of the total tour value is required within 14 days of booking to confirm the tour reservation. The balance of the tour price must reach Specialized Tours & Events 45 days prior to the tour departure date. Any tours booked within 45 days of the departure date must be paid in full on booking. | | | | | | | |
| **Tour Name** | **Date of Tour** | | | **Cost per person** | **No of People** | | **Cost** |
| Full Day Cape Peninsula excluding lunch  08:00 to 18:00 | 08 Sept | | | R1 040 |  | | ZAR |
| Full Day Aquila Safari including lunch  07:00 to 18:00 | 08 Sept | | | R2 925 |  | | ZAR |
| Full Day Hermanus excluding lunch  08:00 to 18:00 | 08 Sept | | | R1 040 |  | | ZAR |
| AM Robben Island Tour excluding lunch\*  07:15 to 13:45. | 08 Sept | | | R1 080 |  | | ZAR |
| PM Half Day Stellenbosch winelands excluding lunch  14:30 to 17:30 | 08 Sept | | | R500 |  | | ZAR |
| AM Half Day City & Table Mountain excluding lunch\*  08:30 to 13:00 | 6 Sept | 7 Sept | 9 Sept | R1 280 |  | | ZAR |
| AM Robben Island Tour excluding lunch\*  07:15 to 13:45 | 6 Sept | 7 Sept | 9 Sept | R1 460 |  | | ZAR |
| AM Half Day Kirstenbosch & Groote Schuur Heart Museum excluding lunch  08:00 to 13:00 | 6 Sept | 7 Sept | 9 Sept | R1 270 |  | | ZAR |
| PM Half Day Paarl winelands tour excluding lunch  13:30 to 17:00 | 6 Sept | 7 Sept | 9 Sept | R1 080 |  | | ZAR |
| PM Half Day Franschhoek winelands tour excluding lunch  13:30 to 17:00 | 6 Sept | 7 Sept | 9 Sept | R1 080 |  | | ZAR |
| PM Half Day Stellenbosch tour excluding lunch  14:30 to 17:30 | 6 Sept | 7 Sept | 9 sept | R1 080 |  | | ZAR |
| **Tour Total** | | | | | | ZAR |  |
| **OR SEND ME INFORMATION ON OTHER OPTIONS. MY INTERESTS ARE:** | | | | | | | |
|  | | | | | | | |
| Special Notes: (dietary requirements, etc.): | | | | | | | |
| All tours are subject to Specialized Tours & Events terms and conditions. Once confirmed, tours will be subject to cancellation fees as set out below.  **Cancellation fees:** Refunds will be permitted for bookings cancelled within the following time periods, prior to departure: More than 45 Days: Full refund \* 45 Days and less: No refund  \* NOTE: Table Mountain cable car and Robben Island tickets will be purchased on receipt of your booking request. Once the tour is booked, 100% cancellation fee will apply on the tour price, irrespective of date of cancellation. | | | | | | | |

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| **PRE OR POST CONGRESS LEISURE TOURS** | | | |
| For full details please visit the congress website: www.issfalcongress.com  Please fill in the **Expression of Interest** section below. The tour prices listed on the website are an indication only. A full tour proposal and cost will be sent to you on request. | | | |
| **Tour Name / Interest** | **Dates of Travel** | **No of People Traveling** | |
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|  |  |  |
| **SEND ME INFORMATION ON OTHER OPTIONS. MY INTERESTS ARE:** | | | |
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| **TOTAL AMOUNT PAYABLE:** (Use this section to summarize your requirements and calculate the total of your payments due) | | |

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| Airport Transfers | | | | | |  | | | | | | ZAR | |
| Day Tours | | | | | |  | | | | | | ZAR | |
| **TOTAL** | | | | | | | | | | | | ZAR | |
|  | | | | | | | | | | | |  | |
| Delegate Name: | | | | | | | | | | | | | |
| **PAYMENT DETAILS** | | | | | | | | | | | | | |
| Please enter **X** in the appropriate box | | | | | | | | | | | | | |
| Option 1  **Bank Transfer** |  | | Specify **your name and ISSFAL 2016** on your bank transfer.  Account Details:  Name: **Specialized Tours & Events.**  Bank Name: **Standard Bank**  Account No: **070 607 575**  Branch: **Sea Point Code: 024109**.  **Swift No.: SBZAZAJJ.** (Please fax / mail a copy of your transfer to Specialized Tours & Events). | | | | | | | | | | |
| Option 2  **Credit Card** |  | | Please complete the following authorization for Specialized Tours & Events to debit your credit card. 5% Administration charge will be added to the final bill. | | | | | | | | | | |
| I, the undersigned, do hereby authorize Specialized Tours & Events to debit my credit Card for the following amount: **(please fax or email a copy of the front and back of your credit card to us)** | | | | | | | | | | | | | |
| **TOTAL COST OF SECTION A & B** | | | | | | | | | | TOTAL | ZAR | | |
| **Credit Card Type X** | | Master | |  | Visa | |  |
| Credit Card Number | |  | | | | | | | Expiry Date | | | |  |
| Cardholder’s Name | |  | | | | | | | 3 Digit no. on reverse side where applicable | | | |  |
| Cardholder’s Signature | |  | | | | | | | Date of Signature | | | |  |