

Booking Form

Client 1

Client 2

Last Name: _____

Last Name: _____

First Name: _____

First Name: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Home Telephone: _____

Home Telephone: _____

Work Telephone: _____

Work Telephone: _____

E-Mail: _____

E-Mail: _____

Fax: _____

Fax: _____

Passport Number: _____

Passport Number: _____

Place/Date of Issue: _____

Place/Date of Issue: _____

Citizenship: _____

Citizenship: _____

Date of Birth: _____

Date of Birth: _____

Name you prefer to be called: _____

Name you prefer to be called: _____

Medications being presently taken: _____

Medications being presently taken: _____

Special medications/Physical constraints: _____

Special medications/Physical constraints: _____

Emergency Contact: _____

Emergency Contact: _____

Relationship: _____

Relationship: _____

Address: _____

Address: _____

Home Telephone: _____

Home Telephone: _____

Work Telephone: _____

Work Telephone: _____

E-Mail: _____

E-Mail: _____

Fax: _____

Fax: _____

Each client must sign below, verifying booking terms and conditions as stated on the Trans Niugini Tours Papua New Guinea brochure and on the reverse side of this sheet have been read and are accepted.

Client #1 Signature: _____

Client #2 Signature: _____

Send with \$1000.⁰⁰ per person deposit payable to:
TransNiugini Tours • P.O. Box 371 • Mt. Hagen, Papua New Guinea

Release & Assumption of Risk

I am aware that during this expedition, tour trip, cruise or vacation that I am participating in under the arrangements of **Trans Niugini Tours** and their agents or associates, certain risks and dangers may occur, including but not limited to the hazards of boat traveling down rivers, walking through slippery terrain, snorkeling and diving, accident or illness in remote places without medical facilities, forces of nature and travel by air, automobile and other conveyance. In consideration of, and as part payment for, the right to participate in such trips or other activities and the services and the food arranged for me by **Trans Niugini Tours** and their agents or associates, I have and do hereby assume all the above risks and will hold them harmless from any and all liability, action, debts, claims and demands of every kind and nature whatsoever, which I now have or which may arise in connection with my trip or participation in any other activities arranged for me by **Trans Niugini Tours** and their agents or associates. The terms hereof shall serve as a release and assumption of risk from heirs, executors and administrators and for all members of my family, including any minors accompanying me. I am aware that I choose to purchase insurance coverage, I will be liable for all costs in the case of cancellation, trip delays, damage or loss of baggage and medical emergencies howsoever caused.

Interpretation: If, in the event legal action is undertaken against the Tour Operator, the client and/or the Travel Agent, agrees when paying part or all of the tour price that the action will take place in, and under the terms of, the law of the independent nation of Papua New Guinea.

Clients must provide details of their travel insurance, including name of the company, e-mail and/or phone contact. www.insuremytrip.com pay provide helpful information regarding the various insurances. Enjoy a more carefree trip, with less worry about cancellation fees, lost or damaged baggage, emergency medical care, or evacuation, especially from remote areas such as Papua New Guinea.

Important note: Many insurance companies include pre-existing conditions if insurance is bought within a short period of making the trip deposit.

Trans Niugini Tours
P.O. Box 371
Mt. Hagen, Papua New Guinea,
or email to: service@pngtours.com

Please check one:

I understand trip insurance is mandatory and it will be purchased no later than January 1, 2020. This signed booking form must include the name of the insurance company, policy number and phone contacts.

Trip confirmation is dependent upon this information being provided.

Trip insurance has been purchased through: _____

The policy number is: _____

The emergency telephone contact for information and claims is: _____

Signature: _____

Signature: _____

Date: _____