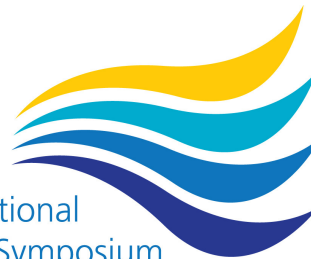


AIR TRAVEL REQUEST FORM

ABN: 31 170 079 935

12th International
Coral Reef Symposium

9-13 July 2012 • Cairns • Queensland • Australia



Send your completed air travel request form to:

ICRS 2012 Secretariat

Travel Manager

Telephone: +61 (0) 7 3255 1002

Email: natayg@icmsaust.com.au

Facsimile: +61 (0) 7 3255 1004

PLEASE USE BLOCK LETTERS

Please complete the flight details below for a booking. A services fee is applicable to all flight bookings - AUD55.00 for Domestic Travel and AUD110.00 for International Travel.

SECTION 1 – PERSONAL DETAILS

Title (Prof, Dr, Mr, Mrs, etc) _____

Given Name _____ Last Name _____

Telephone* _____ Mobile* _____

*Country + Area Code required

Email Address _____

Additional Passengers _____

Dietary/Special Requirements

☐ Vegetarian ☐ Vegan ☐ Gluten Free ☐ Lactose Free ☐ Kosher* ☐ Halal*

*Kosher and Halal meals may incur additional costs

SECTION 2 - FLIGHTS

Departure City _____ Return City _____

Departure Date _____ Return Date _____

Class of Travel _____ Preferred Airline _____

Airline Membership / Frequent Flyer Number _____ Seating Class _____

SECTION 3 - PASSPORT DETAILS – (only required for International travel)

Country of Passport _____ Passport Number _____

Passport Expiry Date _____ Date of Birth _____

SECTION 4 - OTHER

Would you like the Congress Travel Office to provide you with a quote for Travel Insurance?

☐ Yes ☐ No

Would you like to offset your flight's carbon emissions?

☐ Yes ☐ No