

Booking Form

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PLEASE NOTE THAT WHEN YOU RETURN THIS FORM YOU ARE ACCEPTING THE PESGB BOOKING TERMS AND CONDITIONS.

I BOOK TO ATTEND THIS PESGB FIELD TRIP KNOWING I WILL DO SO AT MY OWN RISK. I UNDERSTAND THAT THE PESGB, PESGB COUNCIL AND FIELD TRIP LEADER/S DO NOT ACCEPT RESPONSIBILITY FOR MY PERSONAL SAFETY WHILE ATTENDING A PESGB FIELD TRIP. I RECOGNISE THAT THIS FIELD TRIP INVOLVES TRAVEL TO REMOTE AND POTENTIALLY PHYSICALLY DEMANDING LOCALITIES, AND I ABSOLVE THE PESGB, PESGB COUNCIL AND FIELD TRIP LEADERS FOR ANY RESPONSIBILITY OR LIABILITY ARISING FROM ACCIDENT, INJURY, DAMAGE OR LOSS TO MYSELF OR MY POSSESSIONS OCCURRING DURING A PESGB FIELD TRIP. I UNDERTAKE TO ACT RESPONSIBLY AT ALL TIMES WHILE ATTENDING A PESGB FIELD TRIP AND TO CONSIDER MY OWN SAFETY AND THAT OF OTHER PARTICIPANTS. I UNDERSTAND AND ACCEPT THE PESGB TAKES NO RESPONSIBILITY FOR INSURANCE ARRANGEMENTS AND WILL ENSURE THAT I MAKE ARRANGEMENTS FOR MY OWN PERSONAL ACCIDENT, MEDICAL AND OTHER INSURANCE AS REQUIRED, COMMENSURATE WITH THE LOCATION OF THE FIELD TRIP. I WILL PROVIDE PHOTOCOPIES OF MY INSURANCE COVER AND EMERGENCY INSURANCE CONTACT NUMBER TO THE PESGB PRIOR TO THE COMMENCEMENT OF THE FIELD TRIP. ON ARRIVAL I WILL INFORM THE FIELD TRIP LEADER AND TEAM OF ANY MEDICAL CONDITIONS.

DETAILS

NAME: _____ SIGNATURE: _____
COMPANY: _____
ADDRESS: _____

TELEPHONE NO: _____ E-mail: _____

FULL COST OF TRIP APPROXIMATELY £5000-£6000, FINAL AMOUNT TO BE CONFIRMED

£1000 DEPOSIT REQUIRED WITH YOUR COMPLETED BOOKING FORM (PLACES RESERVED ON A FIRST COME FIRST SERVED BASIS).
SECOND STAGE PAYMENT OF **£2500 REQUIRED FEBRUARY 2009** - FINAL PAYMENT REQUIRED **MAY 2009**

METHOD OF PAYMENT

I WISH TO PAY BY (PLEASE TICK)

CHEQUE Made payable to PESGB and in sterling

CREDIT CARD Please fill in details below. **An additional £1 admin fee will be charged.** Please note we cannot accept AMEX, Switch or Diners cards.

NAME ON CREDIT CARD: _____

CARD TYPE: Access / Visa / Mastercard / Eurocard / Delta *please delete as appropriate

CARD NUMBER: _____

EXPIRY DATE: _____

SECURITY CODE: _____

AMOUNT TO BE

DEBITED: _____

SIGNATURE: _____

DATE: _____

ADDRESS FOR CARD IF

DIFFERENT FROM ABOVE _____

CANCELLATION: THE PESGB WILL ENDEAVOUR TO FIND A REPLACEMENT FOR YOU IF YOU SHOULD HAVE TO CANCEL. IF A REPLACEMENT IS NOT POSSIBLE A FEE WILL BE RETAINED BY PESGB: £500 UNTIL JANUARY 2009, £2500 AFTER FEBRUARY 2009, FULL AMOUNT AFTER MAY 2009.

PLEASE RETURN THE COMPLETED FORM ALONG WITH PAYMENT TO: If a receipt is required please send a SAE.

5th Floor, 9 Berkeley Street, London, W1J 4 8DW OR FAX TO +44 (0)20 7408 2050.