



Course Reservation Application

COURSE NAME
COURSE DATES

Please **complete one application, per person in block letters and sign**. Parental signature is required for participants under 18 years of age. Please mail this form with the appropriate deposit to: **P.O. Box 8285, ARMADALE, VICTORIA, 3143**. On receipt of this Reservation Application and deposit, ASA will process your booking and if approved, send you a tour confirmation.

Applicant Details (as in passport)

TITLE Mr Mrs Ms Miss Dr Other
FIRST NAME Preferred FIRST NAME
MIDDLE NAME SURNAME
POSTAL ADDRESS
CITY STATE COUNTRY POSTCODE
TEL. (AH) () TEL. (BH) () Mobile Tel:
EMAIL address
Date of birth / / GENDER Male Female

Passport Number Expiry date / / Nationality
 I have enclosed a colour copy of my current valid passport ASA has a colour copy of my current passport

Travel Plans

I wish to depart from Melbourne
 Other City in Australia on (date)
I wish to return with the Group Flight
 from Alternate City in Europe on (date) / /

ASA group airfares are usually very flexible. Although you are normally required to depart with the group, the airfare will allow you to extend your travels at the conclusion of the tour. Please contact our office for further information. You must nominate a return date, as flights to Australia can be heavily booked at certain times of the year.

Meals

I do not have any specific dietary requests

Please **X** the box if you **CAN NOT** eat any of the following:

fish poultry red meat dairy products
 eggs pork nuts
 Other

Allergies: Refer to the Medical Information

Correspondence

Your preferred method of correspondence Postal Mail Email Address

Emergency Contact Details

Note: this person **MUST** be available by telephone and be present in Australia for the duration of your tour with ASA

Name Relationship to Traveller
Address
TEL. (AH) () TEL. (BH) () Mobile Tel:
EMAIL address



Course Reservation Application

COURSE NAME
COURSE DATE

Tour Accommodation

Below we have asked you to indicate your accommodation preference. Due to the restricted configuration of rooms allocated to us, we cannot guarantee that you will be allocated the room of your choice. Final room configuration will not be determined until all parties have paid in full. **Please number the following boxes in order of preference, where 1 is your first preference.**

Option A: Includes accommodation in multi-share apartments at the Calamai Residence in Prato.

Multi-share apartments at the Calamai Residence in Prato (basic accommodation - 3-4 people per room)

I wish to share with

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Option B: Residence Manassei Apartments

Single use (payment of \$890.00 Single Supplement required)

Twin-share (payment of \$300.00 pp Twin-share Supplement required)

I wish to share with

Option C: Residence Accademia Apartments

Twin-share (payment of \$300.00 pp Twin-share Supplement required)

I wish to share with

Option D: Flora Mini-Apartments

Twin-share (payment of \$300.00 pp Twin-share Supplement required)

I wish to share with

Enrolment Information

Q1: Please indicate how you are intending to enrol for this subject:

- Option 1 As a CREDIT SUBJECT as part of a degree at LATROBE UNIVERSITY (Please go to Question 2)
- Option 2 As a CREDIT SUBJECT: COMPLEMENTARY COURSE from another tertiary institution (Please go to Question 2)
- Option 3 As a SINGLE SUBJECT for CREDIT (Please go to Question 2)
- Option 4 As a STUDY TOUR WITHOUT ASSESSMENT (Note a supplement of \$400.00AUD (approx.) will be required)

Q2: If you selected OPTION 1,2 or 3, please complete the following:

UNIVERSITY LaTrobe University
 Other Campus

SCHOOL European and Historical Studies (LaTrobe)
 Other (please specify)

- Have you obtained **Departmental** approval? Yes No
- Have you obtained **Faculty** approval? Yes No
- Have you completed enrolment procedures with the Faculty? Yes No
- Are you studying Full Time Part Time?

Please Note In the event that you fail to enrol in this subject under the category you have indicated, then ASA reserves the right to cancel your reservation.

The purpose of seeking this information is to assist ASA to determine, where necessary, whether ASA is able to make reasonable adjustments to accommodate your specific needs and whether your health and safety (or that of your fellow travellers) is likely to be compromised given your choice of tour. It will also assist you and ASA if you fall ill or have an accident whilst travelling.

- ASA reserves the right to decline your Reservation Application if this Medical Information section is not completed properly and may reject or cancel your reservation, or terminate your participation on any tour, if ASA subsequently learns that you have failed to make full and proper disclosure.
- ASA is committed to protecting the privacy of your personal information. ASA's privacy policy is available for viewing at www.asatours.com.au
- If ASA has any concerns about the information you have provided, it will contact you to request clarification before considering your Application.
- ASA requires you to consider carefully your limitations in light of ASA's Physical Endurance Star Rating System in ASA's Itinerary when choosing your tour.
- If you are not likely to satisfy ASA's Participation Criteria (see below), ASA, in its sole discretion, may reject your Reservation Application.
- It is a condition of your tour that you agree to accept the directions of your Tour Leaders in relation to your suitability to participate in activities planned on tour.
- ASA reserves the right to cancel your participation on a tour if your behaviour is in ASA's opinion causing undue distress or damage to any person or their property.
- If your participation is discontinued during a tour, ASA will assist by arranging your onward travel (if required) at your own cost, but you will not be refunded for forfeited parts of the tour.
- ASA groups are not accompanied by a medical practitioner. ASA recommends that you see your doctor for advice about your specific needs while overseas. You may also wish to contact a travel and vaccination clinic for advice. www.traveldoctor.com.au tel: 1300 658 444; www.travelvax.com.au tel: 1300 360 164.
- Travel insurers require you to declare all existing medical conditions.
- Please carry a complete list of medications with you during the ASA tour. Include **generic names** of each medication (consult your local pharmacy for information).

Please mark **X** in the YES or NO box to every question below and provide details where necessary:

Participation Criteria

To participate in an ASA tour, you must be reasonably fit, in good health and able to participate in all activities without assistance from Tour Leaders or other tour members. If you require assistance, a fit and able travel companion must undertake to accompany and assist you with all tasks for the duration of the whole tour. The responsibility of the Tour Leader is to ensure that the larger group enjoys a relaxing and informative journey, and he or she cannot be relied upon to provide ongoing individual assistance to any one guest.

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Can you walk and stand unassisted for at least 2-3 hours a day in hot, humid conditions? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Can you walk unassisted on and over uneven surfaces? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Can you climb at least 3 flights of stairs and/or walk up and down steep slopes unassisted? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Can you walk at a steady pace and no less than 1km every 15 - 20 minutes unassisted? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Can you organise, manage and carry your own luggage? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Can you follow and remember tour instructions and meet punctually at designated times and places? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Can you administer your own medication? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you have impaired vision or hearing which may impact your capacity to participate on this tour? | <input type="checkbox"/> | <input type="checkbox"/> |

Mobility and Fitness

As many of ASA's international sites do not provide access to wheelchairs or similar mobility aids, we regret that ASA tours are not suitable for people who require the use of a walking frame, wheeled walker, wheelchair or motorised scooter.

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Do you suffer from any medical conditions that may compromise your mobility and/or fitness to participate on this program?
If yes, please specify | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="text"/> | | |
| If yes, how will you manage this on tour? | <input type="text"/> | |

Allergies and/or Food Intolerances

ASA will make reasonable endeavours to organise meals to suit you, provided that you give ASA adequate notice of your specific dietary requirements or allergies. You may be required to research dietary alternatives, as not all destinations may be able to offer suitable food substitutes.

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Do you have any food allergies or intolerances?
If yes, please specify | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="text"/> | | |
| 2. Have you ever had an anaphylactic reaction to anything?
If yes, please specify | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="text"/> | | |
| Do you carry an epipen? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you have any other allergies or reactions to anything, including medical drugs?
If yes, please specify | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="text"/> | | |

Existing Medical Conditions

You alone are responsible for managing any existing medical conditions, your medication and any medical equipment that you may need when on your tour. Please plan for contingencies and take extra medication, dietary supplements and/or fully charged batteries for medical equipment if your health and safety depends on these. You should take into consideration that power sources at some destinations may be unavailable, inadequate, inconvenient or unreliable.

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Have you any significant medical conditions that may impact your capacity to complete this tour?
If yes, please specify | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="text"/> | | |
| If yes, how will you manage this on tour? | <input type="text"/> | |
| 2. Do you require some form of powered medical aid, such as a CPAP machine?
These machines may not be operable on certain international flights, modes of transport, in remote or other areas with inadequate or unreliable power sources without a fully charged independent long life battery or batteries. | <input type="checkbox"/> | <input type="checkbox"/> |
| Diabetics: You may be travelling and sightseeing for many hours at a time. Insulin dependent diabetics must carry extra supplies of insulin (as this medication cannot be obtained in some destinations), regulators, applicators, storage and refrigeration equipment, as well as any necessary supplements. Accommodation may not provide refrigerators in rooms. | | |
| 3. Are you diabetic?
Are you insulin dependent? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you suffer from travel sickness?
Remember to use an appropriate medication while on tour. | <input type="checkbox"/> | <input type="checkbox"/> |



Declaration, Liability and Booking Conditions

Declaration

I declare that: I have read and understood the ASA Tour Itinerary, Reservation Application and Booking Conditions. I am aware of ASA's terms as relating to refunds, cancellations, responsibility and liability. I understand that ASA relies upon this declaration when considering this Application. I accept that there are inherent dangers and risks that may occur during any tour. I have made full and complete disclosure and have not knowingly withheld any medical information about myself from ASA. I have completed this Reservation Application honestly and accurately. I warrant that I am able to participate independently in all activities described by ASA in the itinerary without assistance from any person.

I will advise ASA in writing if any aspect of my fitness and or health conditions change materially at any time before my departure date. I understand and accept that the itinerary, accommodation and lecturers scheduled for this tour may change.

I agree and consent that ASA may give my personal information in this Reservation Application to tour service providers and relevant authorities as required by law, but for the purpose of making bookings with and engaging services provided for the tour. I understand that if I do not consent to the use of my personal information for this purpose, ASA will decline my Reservation Application.

In consideration of ASA's acceptance of my Reservation Application, I irrevocably release and indemnify ASA from all claims that I, or any other party, may have against ASA its employees, invitees, agents and contractors, however arising in respect of any loss, damage, injury, death or expense incurred in the course of travelling to, on and from any tour.

I understand and acknowledge that this Release and Indemnity applies with respect to:

1. Every general risk to which I or my personal belongings may be exposed in the course of travelling to, on or from any ASA tour
2. Every special risk, in particular medical risks, to which I may be exposed in the course of travelling to, on or from any ASA tour arising from, including, but not limited to:
 - a. intermittent power cycles and/or the temporary or permanent loss of power (beware CPAP or any other medical machine users);
 - b. dietary, food or other allergies (ASA cannot guarantee that traces of items to which you are allergic are not present in food or drink you are served, medication you are administered or other substances with which you may come into contact);
 - c. any event or situation that may compromise the administration of necessary medication or my health, safety and wellbeing generally.
3. All claims arising as a result of my or ASA's cancellation or termination of my continued participation on a tour for whatever reason (refund conditions in ASA's Booking Conditions excepted).

Limitation of Liability

ASA is not a carrier, event or tourist attraction host, accommodation or dining service provider. All bookings made and tickets or coupons issued by ASA for transport, event, accommodation, dining and the like are issued as an agent for various service providers and are subject to the terms and conditions and limitations of liability imposed by each service provider. ASA is not responsible for their products or services. If a service provider does not deliver the product or service for which you have contracted, your remedy lies with the service provider, not ASA.

ASA will not be liable for any claim (eg. sickness, injury, death, damage or loss) arising from any change, delay, detention, breakdown, cancellation, failure, accident, act, omission or negligence of any such service provider however caused (contingencies). You must take out adequate travel insurance against such contingencies.

ASA's liability in respect of any tour will be limited to the refund of amounts received from you less all non-refundable costs and charges and the costs of any substituted event or alternate services provided. The terms and conditions of the relevant service provider from time to time comprise the sole agreement between you and that service provider.

ASA reserves the sole discretion to cancel any tour or to modify itineraries in any way it considers appropriate. Tour costs may be revised, subject to unexpected price increases or exchange rate fluctuations.

Booking Conditions

DEPOSITS

A deposit of \$500.00 AUD per person is required to reserve a place on an ASA tour.

Refund of deposit, less \$385.00 service fee (\$350.00 + \$35.00 GST) per person, will be given when cancellation is made before Monday 5 September 2016. Your deposit is non-refundable after this date.

CANCELLATION FEES

If you decide to cancel your booking the following charges apply:

5 September 2016 - 76 days prior: \$500 non refundable

75-46 days prior 25% of total amount due

45-31 days prior 50% of total amount due

30-15 days prior 75% of total amount due

14-0 days prior 100% of total amount due

We take the day on which you cancel as being that on which we receive written confirmation of cancellation.

IF LA TROBE UNIVERSITY CANCELS THE COURSE

In the event that the academic program be cancelled as a result of La Trobe University, in response to Federal Government travel advice, designating the locations of the program to be unsafe, participants will be charged the cancellation fees as indicated in these booking conditions (refer to the paragraph 'Cancellation Fees').

WILL THE COURSE PRICE OR ITINERARY CHANGE?

If the number of participants on a tour is significantly less than budgeted, or if there is a significant change in exchange rates or airfare taxes ASA reserves the right to amend the advertised price. We shall, however, do all in our power to maintain the published price. If an ASA tour is forced to cancel you will get a full refund of all tour monies paid. Occasionally circumstances beyond the control of ASA make it necessary to change airline, hotel or to make amendments to daily itineraries. We will inform you of any changes in due course.

TRAVEL INSURANCE

ASA requires all participants to obtain comprehensive travel insurance. A copy of your travel insurance certificate and the **reverse charge** emergency contact phone number must be received by ASA no later than 75 days prior to the commencement of the tour.

FINAL PAYMENT

The balance of the tour price will be due 75 days prior to the tour commencement date.

PLEASE READ THE ABOVE CAREFULLY, PRINT AND SIGN BELOW

I accept the conditions on this booking form

I have read the information about the physical requirements of the tour in the detailed itinerary and confirm that I am able to meet these requirements

Applicant's Signature

Print Full Name

Dated

Course Name

 I have enclosed a deposit of \$ (including CC or bank fee if applicable) for this tour

By Cheque

 Please make cheques payable to *Australians Studying Abroad*
Direct Deposit or Internet Banking

You will need to:

1. Provide your bank with ASA's bank details (see below) and the amount you wish to transfer OR make a direct deposit through any ANZ branch
2. Include any fees levied by the banks
3. Provide a reference number (Mobile or last name recommended).
4. Complete section below, including confirmation no. (given when transaction completed).

Australians Studying Abroad bank details

Bank	ANZ
Branch	420 St Kilda Road, Melbourne Vic
Swift Code	ANZBAU3M
BSB	013-423
Account No	3472-32759

 Bank confirmation No.

Reference used: Mobile or last name recommended

 Date Money Transferred
Credit Card Payment

Credit card fees apply: Mastercard, American Express & Visa 1.95%

 Please debit my: Mastercard American Express Visa

I authorise ASA to debit my credit card for the amount due plus the applicable fee as above

 Credit Card Number

 Expiry Date Security Code (CVC)

 Bank the Card is linked to (eg. NAB or ANZ)

 Cardholder's Name

 Cardholder's Billing Address

 State Postcode

 Country

 Phone

 Email

Cardholder's Signature

AUSTRALIANS STUDYING ABROAD

 Office 6, Level 1, 1087-1095 High St (PO Box 8285) Armadale VIC Australia 3143
 Phone +61 3 9822 6899 Freecall 1800 645 755 (outside metro Melbourne area only) Email info@asatours.com.au

www.asatours.com.au

License No. 31248 ABN 27 006 589 242