

The Dialysis Holiday Specialist Ltd

BOOKING FORM

Departure Date	Departure Airport	Duration	Accommodation Name	Board Basis	Room Type

Title	First Name	Surname	Date of Birth	Room Type	Board Basis

YOU WILL BE CONTACTED REGARDING PAYMENT DETAILS ONCE BOOKING FORM IS RECEIVED

Please state below in BLOCK CAPITALS the name and address of the dialysis patient to whom all correspondence should be sent to:

NAME: _____

ADDRESS: _____

_____ TEL: _____

SIGNED: _____ DATE: _____

RETURN FORM ALONG WITH YOUR EHIC/GHIC CARD TO: laura@holidaydialysis.co.uk, Freedom The Dialysis Holiday Specialist Ltd, 2 Back Lane, Cossington, Leicester LE7 4UQ. **For insurance we recommend All Clear on 01708339136 referral code FRH, please do not confirm your insurance policy until your group trip place is confirmed.**

SPECIAL REQUESTS / WHEELCHAIR ASSISTANCE

If you require wheelchair assistance or are taking your own wheelchair, please add notes below. If you have any special requests for the accommodation such as low floor etc please state below. Please make sure you have doctors' permission to travel.

Name of your dialysis unit	Unit Address	Tel No.	Contact Name
Type of Dialysis HD/HDF	Dialysis days	Duration	Negative patient Yes/NO

Spaces are limited due to dialysis slots, which will be allocated on a first come basis.