

QAHC TRAVEL PREFERENCE FORM

(Please Return Completed Form to Jan. If outside Brisbane, fax to 3852 5200)

Passenger's Name (as it appears on your photo ID): _____ Mobile: _____

(If the airline needs to contact you regarding a change in flight details, a mobile number is preferred.)

FLIGHT REQUEST: PHOTO ID REQUIRED AT CHECK-IN

Date: _____ From: _____ To: _____ Preferred Departure or Arrival Time: _____ Tolerance (+/- Hours): _____

Important Notes: Your supervisor must sign this form. QAHC chooses to purchase tickets at lowest cost. All attempts will be made to book flights nearest your preferred departure/arrival times. Where this is not possible, you will be consulted prior to the ticket being purchased. As many tickets are non-refundable or incur penalties to change, ensure your preferred departure/arrival times are correct. If you are a Frequent Flyer member with the ticketed airline, present your membership details when boarding your flight.

Special Meals or Services (if applicable): _____

Purpose of Travel: _____ Program and Region: _____

Supervisor's Signature: _____

ACCOMMODATION REQUEST:

Date: _____ Location/Hotel Name (if known): _____ Number of Nights: _____

Room Preference (please circle one): SMOKING NON-SMOKING (Note that some hotels have only non-smoking rooms.)

Purpose of Travel: _____ Program and Region: _____

Supervisor's Signature: _____