##### The Dialysis Holiday Specialist Ltd

### BOOKING FORM

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| --- | --- | --- | --- | --- | --- |
| **Departure Date** | **Departure Airport** | **Duration** | **Accommodation Name** | **Board Basis** | **Room Type** |
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| **Title** | **First Name** | **Surname** | **Date of Birth** | **Room Type** | **Board Basis** |
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**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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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 ASSITANCE

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.

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

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