



# TRAVEL/ACCOMMODATION BOOKING FORM

## New Zealand Hospital Pharmacy Association (Inc)

Te Kāhui Whakarite Rongoā Hōhipera o Aotearoa

### (Domestic Flights only)

Name: \_\_\_\_\_

Full Name: \_\_\_\_\_

(as per identification i.e. passport)

Email Address: \_\_\_\_\_ Cellphone: \_\_\_\_\_

Organisation: \_\_\_\_\_

NZHPA Member No: \_\_\_\_\_

Reason for travel: \_\_\_\_\_

Meeting start time: \_\_\_\_\_ Expected finish time: \_\_\_\_\_

#### Air Travel Required: Yes / No

Will you have?

Carry on only: Yes / No

Checked Bags: Yes / No

Airpoints scheme & no. (if applicable): \_\_\_\_\_

One Way

Return

#### Departing Flight

Departing City: \_\_\_\_\_

Arrival City: \_\_\_\_\_

Date: \_\_\_\_\_ Pref. Time.: \_\_\_\_\_

Preferred Airline and Flight no.: \_\_\_\_\_

#### Returning Flight

Departing City: \_\_\_\_\_

Arrival City: \_\_\_\_\_

Date: \_\_\_\_\_ Pref. Time.: \_\_\_\_\_

Preferred Airline and Flight no.: \_\_\_\_\_

Any Special Requirements: \_\_\_\_\_

Travel requested/approved by: \_\_\_\_\_

*Note: Should you have to amend your flight time or cancel your travel at late notice due to personal reasons you **may** be required to reimburse the New Zealand Hospital Pharmacy Association for costs incurred.*

