



Smart Shopping Tours Pty Ltd
ACN 116 010 096
e info@smartshoppingtours.com
t 61 2 9834 2366
f 61 2 9834 2377
w www.smartshoppingtours.com

REGISTRATION FORM

First Name: _____ Last Name: _____

Company Name: _____

Street Address: _____

Mailing Address: _____

Primary Phone: _____ Secondary Phone: _____

Mobile: _____ Email: _____

Date Of Birth: _____ Passport Held/ Is
Passport Current? .. yes .. no

Any Special Conditions? (e.g.: dietary, medical etc.)

Any Special Requirements? (Please provide a brief description)

Nominate the type of goods you wish to source:

Please try to describe and/or provide photos, dimensions etc.
Attach with this Registration Form.

Preferred Departure Date: _____

How did you hear about us? _____

Preferred Method of Payment: .. Cheque .. Money Order .. Internet .. Credit Card

Signature: _____ Date: _____

Please return this form to
SMART SHOPPING TOURS
By Fax: 02 9834 2377 or Mail to: PO Box 885, St. Marys NSW 1790