

# The 2010 Flying Doctor Outback Trek

## BOOKING SHEET Proserpine QLD

Please return to **Customer care centre vehicle logistics**  
FAX TO: **(02) 8707 2900**

Sender's Name: \_\_\_\_\_  
(c/o CEVA Proserpine agent)

Drop Off Date: \_\_\_\_\_

Receiver's Name: \_\_\_\_\_  
(c/o CEVA Logistics Depot)

| Costs (Please tick your choice)<br>Cars & Light commercials up to 2m high,<br>5m in length & 2 tonne weight<br>In a driveable condition. |                                    |                                   |                                     |
|--|------------------------------------|-----------------------------------|-------------------------------------|
| <b>To:</b>   | <b>Nil Excess</b>                  | <b>To:</b>                        | <b>Nil Excess</b>                   |
| Sydney <input type="checkbox"/>  | \$ 550.00 <input type="checkbox"/> | Perth <input type="checkbox"/>    | \$ 1256.00 <input type="checkbox"/> |
| Adelaide <input type="checkbox"/>  | \$602.00 <input type="checkbox"/>  | Brisbane <input type="checkbox"/> | \$ 350.00 <input type="checkbox"/>  |
| Melbourne <input type="checkbox"/>   | \$ 630.00 <input type="checkbox"/> | Canberra <input type="checkbox"/> | \$688.00 <input type="checkbox"/>   |
| <input type="checkbox"/> <b>All Non Goers</b> please add an extra \$220.00 and is at <b>Nil Warranty</b>                                 |                                    |                                   |                                     |

Please note the rates quoted are exclusive of fuel levy and gst

|                         |                   |
|-------------------------|-------------------|
| Home Phone: _____       | Work Phone: _____ |
| Mobile: _____           |                   |
| Registration No.: _____ | Rally No.: _____  |
| Vehicle Make: _____     | Model: _____      |

**Please note:** Flammable liquids & Dangerous Goods must not be left within The vehicle, please refer to our Standard Terms and Conditions of Contract.

|  |  |
|--|--|
| <input type="checkbox"/> Mastercard<br><input type="checkbox"/> Visa<br><input type="checkbox"/> Eftpos<br><input type="checkbox"/> AMEX | Expiry Date:.....<br>- - - - / - - - - / - - - - / - - - - /<br>Cardholders Name:.....<br>Authority Number:..... |
|--|--|