

UNIVERSITY OF MALTA
FACULTY OF HEALTH SCIENCES
Department of Radiography

Transport Booking Form

Name & Surname: _____

Home University: _____

Travel Details

Departing from:

- Name of airport _____
- Country _____

Date of arrival in Malta: _____

Time of arrival in Malta: _____

Airline name: _____ Flight Number _____

Transport options *(please tick as appropriate)*

- Taxi for sole use (€20.00)
- Taxi to be shared by 2 / 3 / 4 students [select accordingly] (€ 20.00 per taxi)*
- Minivan to be shared by ____ students [min. 5 max. 11] (€ 30.00 per minivan)*

**Name/s of students sharing taxi/minivan*

- | | |
|----------|-----------|
| 1. _____ | 7. _____ |
| 2. _____ | 8. _____ |
| 3. _____ | 9. _____ |
| 4. _____ | 10. _____ |
| 5. _____ | 11. _____ |
| 6. _____ | |

I hereby confirm that I would like the above transport provided upon my arrival from Malta International Airport to Garden View Holiday Complex.

Signature _____

Note: If transportation is booked this must be paid for even if it is not utilised