

TRAVEL RESERVATION FORM

ASHI MEETING
MANAUS BRAZIL

For reservation and information please e- mail or fax this form to the numbers provided. A confirmation will be e- mailed
Or fax briefly.

■ Passengers Name:

1. Last Name: _____ First Name: _____

2. Last Name: _____ First Name: _____
(Legal name)

Day Phone: _(_____)_____ E-mail address: _____

Street Address: _____ City: _____ State: _____ ZIP _____

■ FLIGHT INFORMATION:

Departure City: _____

Date of Departure: _____ Date of Return: _____

■ Hotel Request Form:

Hotel Name Requested: _____

■ Type of Accommodation Please Check One:

Single Room: _____ Double Room: _____
(1 person per room) (2 persons sharing a room)

■ CREDIT CARD INFORMATION:

Credit card Deposit Information: _____ MC _____ VISA _____ AX _____

Cardholder Name: _____

Credit Card # : _____ Exp Date : _____

Billing Address: _____ City : _____ State: _____

I authorize Atlantic Corporate Travel to charge this credit card for payment toward my travel. Should I submit a different credit card For additional payments, this constitutes my signature on file and authorizes Atlantic Corporate Travel to use that card when submitted.

Signature: _____

If paying by check, please make it payable to:
Atlantic Corporate Travel

Mail all Payments to:

9155 S., Dadeland Blvd. Suite 1410

Miami, Florida 33156

E-Mail: maria@flyatlantictravel.com

Toll Free- 1-800-682-1998

Fax: (305) 670-9505