

PLEASE SEND THIS COMPLETED FORM BY EMAIL TO RESERVATIONS.IN@ALTOUR.COM  
AND COPY D.PEDERSON@ARUBA.COM. AFTER SUBMITTING THE FORM, PLEASE PROVIDE YOUR CREDIT CARD  
DETAILS BY PHONE (TO AN ALTOUR GROUP AGENT) BY CALLING 800-626-2717.  
YOUR BOOKING WILL NOT BE COMPLETE UNTIL YOUR CREDIT CARD INFORMATION HAS BEEN SUBMITTED.

**Primary Registrant Name:****In case of cancellation by attendee - please provide Credit Card information:**

This ticket will be purchased in your name. If you have to cancel for any reason the ACB will not be able to reuse the ticket/funds. The ticket will become yours to use for future travel (usually within one year). We ask for a Credit Card in the event you have to cancel this trip. Your Credit Card will only be charged if you cancel after the ticket has been purchased.

**Will you be bringing a guest?**

If you are bringing a guest and booking their air through the agency, please provide payment information for your guest as well. Note there is a \$50.00 fee associated with booking your guest's airfare (Planner's fees are covered).

It is imperative the name on your registration matches your Drivers License or other state photo identity card issued by The Department of Motor Vehicles (or equivalent) or a U.S. passport (no nicknames, etc.) as this is the name your air ticket will be issued in. If there are discrepancies between this document and your air ticket you may be denied boarding by the airline or charged a penalty fee to correct.

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_ Date of Birth (mm/dd/year)\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Gender \_\_\_\_\_

Your email confirmation will be sent to this address.

Email \_\_\_\_\_

Agency Name \_\_\_\_\_

Address \_\_\_\_\_

Suite \_\_\_\_\_ Agency City \_\_\_\_\_

Agency State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Fax \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Emergency Contact \_\_\_\_\_

Emergency Phone \_\_\_\_\_ Emergency Contact Relationship:\_\_\_\_\_

## SPOUSE/GUEST INFORMATION

Guest First Name \_\_\_\_\_

Guest Middle Name \_\_\_\_\_ Guest Last Name \_\_\_\_\_

Guest Date of Birth (mm/dd/year) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Guest Gender \_\_\_\_\_

### GUEST EMERGENCY CONTACT INFORMATION

Guest Emergency Contact \_\_\_\_\_

Guest Emergency Contact Phone \_\_\_\_\_ Relationship to Guest \_\_\_\_\_

Airport/Departure City \_\_\_\_\_

Guest Airport/Departure City \_\_\_\_\_

### PREFERRED RETURN DATE FROM ARUBA

Please provide any frequent flyer numbers you may have. These will be used if applicable to your final flight itinerary.

Frequent Flyer/s Airline \_\_\_\_\_

Frequent Flyer/s Number \_\_\_\_\_

Guest Frequent Flyer/s Airline \_\_\_\_\_

Guest Frequent Flyer/s Number \_\_\_\_\_

Airline Seat \_\_\_\_\_ Guest Airline Seat \_\_\_\_\_

Special Air Request \_\_\_\_\_

#### Air Reservations:

After completing this registration form, Altour will review your information and prepare a proposed air itinerary for your approval before your ticket is issued. You will receive your air itinerary via fax or the email address you provided on this registration form. We request that you review the itinerary carefully, and fax or email your approval or any desired changes to Altour (reservations.in@altour.com) within 24 hours of your receipt of the itinerary. Once approved and ticketed, any penalties or additional fees incurred due to changes will be your responsibility. Please be aware that airline tickets are non-refundable. Flights will be booked in accordance with the trip budget and time parameters. **Baggage Fees:** Any baggage fees charged by the airlines will be the responsibility of the attendee.

**Air Reservation Note:** Watch your email or fax for your proposed airline itinerary from Altour. Be sure to respond with your approval or questions within 24 hours so that your ticket can be booked quickly.

**Should you need to change or cancel your flights:** Please notify Altour via email at reservations.in@altour.com or by phone at 404-591-7120 or 800-626-2717. Please provide details regarding your change request or cancellation. A new confirmation will be sent to you once changes have been made. Please remember, you will be responsible for any additional fees that result from the changes you make.

#### Questions?

If you have questions regarding the Aruba Trip, please contact Dana Pederson at 404-569-6562 or d.pederson@aruba.com