

TRAVEL REQUEST FORM

Contact your Business Development Manager with any travel-related enquiries in the first instance.

Personal Details

Full Name

Company

Card Number

Expiry Date

Phone

Email

Destination **COOK ISLANDS**

Number of Passengers

Adults

Children

Infants

Ages of children

Accommodation Details

Hotel Name - if known	Check in date	Check out date	Room type

Transfers Required

YES

NO

(Transfers will be from airport to hotel/motel and vice versa unless otherwise specified)

Flight Number - if known	Date	Arrival Time	Transfer to
Flight Number - if known	Date	Departure Time	Transfer from

Please note:

Complete all details. Accuracy enables quicker turnaround times. Please allow 7 business days to confirm any international bookings

Email this form to your **Business Development Manager**