

All information provided will remain confidential.

Mandatory fields are marked with an asterisk (*)

User name*: Must be 10 digits phone number

Password*: Maximum of 8 characters

First name*: Last Name*:

Email address*:

Travel Agency name*:

Title*:

Address*:

City*: State/Province*:

Zip Code*: Country*:

Phone No. *: Fax No.:

Manager's Name*:

Manager's email*:

ARC/IATA #: CLIA #: TRUE #:

| | |
|---|--|
| Consortium/Affiliation: <input type="text"/> | Must complete these these 3 fields to register as a member of a Consortium, Franchise or Marketing Group |
| Headquarter's Phone No.: <input type="text"/> Must be 10 digits | |
| Administrator's email: <input type="text"/> | |

Select Your primary GDS: AMADEUS APOLLO SABRE WORLDSPAN

Main PCC/OID:

Main regions you sell* Africa Asia Europe India Latin Middle North Pacific
(Mark up to 4 regions): East America

| | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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How did you hear*:
about Downtown Travel?

Your website name: Date*:

PLEASE ENSURE THAT ALL MANDATORY INFORMATION IS PROPERLY FILLED IN THE APPROPRIATE FIELDS

**Once completed please fax to 212-481-5516
or scan the form and email to registration@downtowntravel.com**