



Head Office | 1-1220 Ellesmere Road | Toronto | Ontario | Canada | M1P 2X5
Branch Office | 118-2985 Drew Road | Mississauga | Ontario | Canada | L4T 0A4
| 416 485 6387 | 877 727 6387 | airlines.ca | info@airliners.ca

UAE- Arabian Dreaming FAM APPLICATION FORM

April 4th-9th, 2019

Full Name **as it appears on your passport:**

Last First Middle

DOB:MM/DD/YYYY

Job Title/Designation: _____

Name of Travel Agency: _____

Agency IATA/TIDS# _____

Address : _____ City : _____

Province : _____ Postal Code : _____

Manager's Name: _____

Agency Telephone: () _____ - _____

Cell: () _____ - _____

Email (please print) _____

Please list any Special Requirements, if any, e.g. food allergies, medical or physical issues:

Please list that last 2 Fam trips in which you have participated (Host and Destination):

1) Host _____ Destination _____ Date _____

2) Host _____ Destination _____ Date _____

Have you sold travel that includes UAE in the past? Yes () No ()

If yes, how many clients? _____

Please provide a copy of your passport showing particulars (For entry into UAE, all travel documents must be valid thru a minimum period of six months from the date of departure from the UAE. Non-Canadian passport holders should verify



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travel documentation requirements with the Consulate or Embassy.)

Responsibility Clause * Responsibility clause must be signed in order to be approved on Fam.*

*"The responsibility of **Airliners**, if any, is limited to that of common organizer and arises in connection with this educational tour only. **Airliners** may act as agent for owners or contractors who provide other transportation or services relating to this tour. All tickets and tour itineraries are issued subject to the terms, conditions and responsibilities under which such other transportation and or services are offered or provided. Airliners shall not be liable for any loss, damages, injuries or death relating thereto.*

I understand that it is my responsibility to stay with the group and to be on time at all time, so that the FAM will not be compromised. Should any problems occur, I will notify either the tour leader as soon as possible. Should I miss the bus for any reason, I accept it will be my responsibility to rejoin the tour group at my own expense, and arrange transportation to rejoin the group independently. I take full responsibility for any damages to property caused by me (both direct or indirectly). Should any changes to the itinerary be necessary, I understand an alternate activity and/or attraction may be substituted, and there will no change in price. I understand there will be no refunds for any unused portion of the program, which may be caused by immigration and/or customs reasons, inclement weather, passenger or flight delays, strikes, etc.

Name: _____

Signature: _____

Date: _____

TRAVEL INSURANCE IS STRONGLY RECOMMENDED.

I certify that I am of legal age, of good health and have medical insurance coverage, free from any criminal charges, and will follow the full itinerary as arranged by Airliners. I have read, understood, and accept the items conditions and responsibilities set forth herein.

Participant's Full Signature

Date

Rate: CAD \$1549.00 plus \$570.00 tax per person based on twin sharing

Single supplement: CAD \$379.00

****Fare is subject to a 4% merchant fee if paying by credit card.***

Non refundable deposit due by December 11th, 2018: CAD \$500.00 Final Payment Due by February 10th, 2019.

Please Email this completed application by December 11th, 2018 to fams@airliners.ca