

Direct Guest Reservation Transfer Request Form

I (Guest Name)	would like to transfer my reservation number or (Reservation Number)		ber)
(Name of Ship)	sailing on	(Sailing Date)	_ to my travel agent.
Here is the information o	f my travel agency:		
Travel Agency N	Name: Travelonica		
Travel Agent N	lame: <u>Arturo Reynozo (info@tr</u>	avelonica.com)	
Travel Agency Phone Nu	Imber: <u>305 517 1253</u>		
The guests traveling in th	ne stateroom are:		
Reason that you would li	ke to transfer to a travel agency (c	ptional):	
Personal travel assis	stance		
outside of Final Payme transfer requests can be If the transfer request invi- required criteria and you sent by one of the gues	may be transferred to a Travel Ag <u>nt period</u> . <u>For new reservations</u> <u>be processed if the request is re</u> volves a change in currency, we ca would like to transfer your reserva sts on the reservation to Norweg I partner for their reference.	<u>booked within final payment is booked within 7 or less days of</u> annot accommodate a transfer. If attach, please complete this form.	period, that are paid in full, f final payment application. f your reservation meets the Transfer request <u>must</u> be
Print Name		mail address / Phone No.	

Signature

Date

Please email completed form to: dispatch@ncl.com