## °Club Med $\psi$

## CLIENT TO TRAVEL AGENCY AGREEMENT BOOKING TRANSFER FORM

| Client Full Name  | authorize the transfer of all   | parties travelling on                |
|---|---|--------------------------------------|
| booking # Booking Number  | for travel to   |                                      |
| on the date of  | to my Travel Agent, on behal  | f of the following agency:           |
| Travel Agency Name  | Travel Agent Full Name  | Travel Agency Phone #                |
|   |   |                                      |
| Signatures from both  | Postal code parties are required to complete the bo   |                                      |
| Travel Agency Address Signatures from both Client Signature Print Name  | parties are required to complete the bo   | ooking transfer.                     |
| Signatures from both<br>Client Signature<br>Print Name<br>Please fax the comple   | parties are required to complete the bo   | les Accounting                       |
| Signatures from both<br>Client Signature<br>Print Name<br>Please fax the comple<br>or email a scanned copy of t<br>Bookings may only be transferred t | parties are required to complete the bo<br>Travel Agent Signature<br>Print Name   | les Accounting<br>inting@clubmed.com |
| Signatures from both<br>Client Signature<br>Print Name<br>Please fax the comple<br>or email a scanned copy of t<br>Bookings may only be transferred t | parties are required to complete the bo<br>Travel Agent Signature<br>Print Name<br>Print Name<br>eted form to (514) 937-9661, attention: Sa<br>he completed form to <u>canada.sales.accou</u><br>to a Travel Agent/agency within 72 hou | les Accounting<br>inting@clubmed.com |