



REQUEST FOR FLIGHT OFFER

Please fill in this form and let us provide you with a flight offer (e-mail or fax) from your home airport to Nice at the best available fare.

Family name

 First name

 Institute / Company

 Department

 Address Line 1

Return before May 23, 2008 latest to:
 AKM Travel AG
 Messeplatz 10
 P.O. Box
 CH-4016 Basel
 Switzerland
 Fax +41 61 690 92 14
 e-mail: business@akmtravel.ch

Address Line 2 _____ Postal code / Zip code _____ City _____
 Country _____ e-mail _____
 Phone (incl. country prefix and areacode) business home _____ Fax (incl. country prefix and areacode) _____

REQUESTED FLIGHT ITINERARY

Passenger(s):

1) _____ female male
 First Name Last Name (Legal Name)
 2) _____ female male
 First Name Last Name (Legal Name)

Class of Service requested: Coach/Economy Business (where available)

Please note:
 The name can not be changed after the booking is completed. Make sure that you enter the name the same way it is written in your passport to avoid problems at check-in or immigration.

Preferred Outbound Itinerary to Nice:

Date: _____ Departure Time _____ From Home City/Airport: _____

Preferred Inbound Itinerary from Nice:

Date: _____ Departure Time _____ To Home City/Airport: _____

Frequent Flyer Membership:

Name of Airline/Alliance: _____ Number : _____

Special Requests:

Seats: window aisle Meals: vegetarian kosher moslem other _____

Whenever possible, we will issue Electronic Tickets