

ARUBA



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Date:

To: Gina López-Gnecco/ Jasmine Thielman-Maduro

From:

Contact Information *(section to be completed by agent)*

Name (s): _____

Agency: _____

Address: _____ City: _____ State: _____

Zip: _____ E-mail: _____

Tel: _____ Fax: _____

Cruise Travel Information

Cruise Ship: _____ Arrival Date: ___/___/___

Arrival Time: _____ Departure Time: _____

Airline Travel Information

Airline: _____ Flight: _____

Arrival Date: ___/___/___ Arrival Time: _____

Departure Date: ___/___/___ Departure Time: _____

Hotel: _____ From: ___/___/___ To: ___/___/___

Hotel: _____ From: ___/___/___ To: ___/___/___

Hotels requested for site inspection:

AM: 08:30 – 11:45	PM: 1:15 – 4:15
1.	1.
2.	2.
3.	3.
4.	4.

.....
(Section to be completed by ATA-PR & completed form to be re-faxed to sender)

ISI Confirmed by: _____ Approval Date: ___/___/___

PR Coordinator: _____ ISI Date: ___/___/___



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