



AGENCY REGISTRATION FORM

All information provided will remain confidential.

Mandatory fields are marked with an asterisk (*)

User name*: Must be 10 digits phone number

Password*: Maximum of 8 characters

First name*: Last Name*:

Email address*:

Travel Agency name*:

Title*:

Address*:

City*: State/Province*:

Zip Code*: Country*:

Phone No. *: Fax No.:

Manager's Name*:

Manager's email*:

ARC/IATA #: CLIA #: TRUE #:

Consortium/Affiliation: <input type="text"/>	Must complete these these 3 fields to register as a member of a Consortium, Franchise or Marketing Group
Headquarter's Phone No.: <input type="text"/> Must be 10 digits	
Administrator's email: <input type="text"/>	

Select Your primary GDS: AMADEUS APOLLO SABRE WORLDSPAN

Main PCC/OID:

Main regions you sell* (Mark up to 4 regions):

Africa	Asia	Europe	India	Latin	Middle East	North America	Pacific
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How did you hear* about Apollo Travel LLC?

Your website name: Date*:

PLEASE ENSURE THAT ALL MANDATORY INFORMATION IS PROPERLY FILLED IN THE APPROPRIATE FIELDS or scan the form and email to apollo1009@aol.com