

# amADEUS CORPORATE UNIVERSITY

*Kindly accomplish this form and  
Fax to 02 8577141 in Manila or 32 2334057 in Cebu*

COURSE TITLE:	COURSE DATE:
NAME OF PARTICIPANT	
POSITION	DATE EMPLOYED
TRAVEL AGENCY NAME / AIRLINE	IATA NUMBER:
Please check participant's classification for screening purpose: <input type="checkbox"/> zero background in travel <input type="checkbox"/> with background in travel	
OFFICE ADDRESS	
EMAIL ADDRESS	
TELEPHONE NUMBER	FAX NUMBER

I agree & accept the training policies of Amadeus. I certify that all information furnished is true & correct.

I fully understand that this will only serve as a letter of request.

Authorized by:

Travel Agency General Manager  
Sign over printed name