



Marine World

**AGENT FAMILIARISATION TRAVEL REQUEST FORM**

Date: \_\_\_\_\_  
(Day) (Month) (Year)

**APPLICANTS DETAILS:**

Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Position Held: \_\_\_\_\_

Commence working with current Employer: \_\_\_\_\_

Type of Employment? (please tick box)

Fulltime    Part time    Casual    Working Visa - for how long? \_\_\_\_\_

Have you ever sold Reef Magic Cruises/Marine World Tour? (please circle) YES / NO

Contact N<sup>o</sup> within 24hrs prior to Departure: \_\_\_\_\_ (mobile preferred)

**Supervisors Name:** \_\_\_\_\_

**Position Held:** \_\_\_\_\_

**Authority:** \_\_\_\_\_ (supervisor signature)

**REQUEST DETAILS:**

Date of Travel: \_\_\_\_\_

Snorkeller: (please circle) YES / NO

Diver: (please circle) YES / NO   If YES: (please circle) Certified / Introductory / Helmet

Name of other Passenger/s: \_\_\_\_\_

Relationship/s to Applicant: \_\_\_\_\_

Have you ever done a familiarisation with Reef Magic Cruises before? (please circle)

YES / NO   If YES: (details) \_\_\_\_\_

**How much discount do you think you warrant?** (please tick box)

10%    20%    40%    50%    100%

Please give the reason you believe you warrant this discount: \_\_\_\_\_

RETURN BY FAX TO: 07 4031 3318 - PLEASE ALLOW 24 HOURS FOR APPROVAL

Requests can only be processed between 9:00am and 5:00pm Monday to Friday

<b><u>Office Use Only:</u></b>	
Confirmation Number:	Discount:
Check-in/ Transfers:	Authorised: