



PARTNERS REGISTRATION FORM

Please read and complete ALL sections.

Travel Agent/ Partners Information (print or type)

Travel Agency Name: Website :

VAT Number: Monthly Sales Forecast :

Targeted Countries: 1 2 3 4 5

Street Address: City:

Postal code: Telephone: E-mail:

Key Contact Person 1

Name: Designation:

Phone (office): Phone (Mobile):

Email:

Key Contact Person 2

Name: Designation:

Phone (office): Phone (Mobile):

Email:

All of the information that I have provided on this form is correct to the best of my knowledge and I am authorized to submit this registration.

I understand that this application is subject to approval. I authorize Dinner in the sky Georgia to make any inquiries that it considers appropriate to determine if it should pay me commissions. This may include verification of employment.

I acknowledge and accept the terms and conditions posted on Dinner In the Sky Georgia Website:
<https://dinnerinthesky.ge/terms-and-conditions/>

Signature:

Date:

Company Stamp