

## Direct Guest Reservation Transfer Request Form

	would like to transfer my res		
(Guest Name)	(Reservation Number)		
	sailing on _		to my travel agent.
(Name of Ship)		(Sailing Date)	
Here is the information	of my travel agency:		
Travel Agency	y Name: <u>American Discount Cruis</u>	ses Inc.	
Travel Agen	t Name:		
Travel Agency Phone I	Number: <u>732-970-9142</u>		
The guests traveling in	the stateroom are:		
	······································		
Reason that you would	d like to transfer to a travel agenc	v (optional):	
······		y (-p).	
	ns may be transferred to a Trave	Agent up <b>to 14 days fro</b>	m creation, if the request is made
outside of Final Payn	nent period. For new reservati	ons booked within final	payment period, that are paid in full,
			s days of final payment application. transfer. If your reservation meets the
			this form. <b>Transfer request</b> <u>must</u> be
		wegian. When emailing	the form to us at <u>Dispatch@ncl.com</u>
please copy your trav	vel partner for their reference.		
Print Name		Email address / Phone	No
			110.
Signature		Date	

Please email completed form to: dispatch@ncl.com