**DEPARTURE FORM**

**(Media)**

Please fill in this form if the preliminarily confirmed times of departure have been changed.

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| --- | --- |
| **Passanger First and Last Name** |  |
| **Hotel (Pick-up from your Hotel)** |
| **Departure Date and Place** |
| **Flight Time** | **Flight Number** |
| **Terminal** |  |
| **Destination** |
| **Further Information** |
| Any changes must be reported to the information/transportation desk **at least 48 hours** prior to the scheduled departure. Information about departure time from the hotel will be displayed at least 24 hours before departure in each hotel. |
| **Please return the form to the Information/Transportation Desk at your hotel.****Thank you!** |

**Confirmed by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**