



P.O. Box 1546, Kailua, Hawaii 96734 • Ph: 808-261-2637 • Fax: 808-206-7168  
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## Travel Agent Registration

Date: \_\_\_\_\_ IATA, SS or Fed Emp ID: \_\_\_\_\_

Travel Agent Name: \_\_\_\_\_

Make commission checks payable to: \_\_\_\_\_

Travel Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Agency Phone: (\_\_\_\_) \_\_\_\_\_ Agent Phone: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Internet URL: \_\_\_\_\_

Please sign below to and return this form by fax or mail to confirm your Travel Agent Registration and verify that you have read and agree that your clients will abide by the House Rules.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### CLIENT REGISTRATION:

Client Name(s): \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Client Name(s): \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Client Name(s): \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Client Name(s): \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Client Name(s): \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

**Return by fax to 808-206-7168**