



Travel Agent Partnership Program

Agent Information

Agency Name: _____

Authorized Agent: _____

Agent/Agency IATA Number: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Fax: _____

Email: _____

Additional Agents: _____

Park 2 Go is pleased to welcome _____ to the
Park 2 Go Travel Agent Partnership Program.

Agreed to the _____ day of _____ 20_____.

Name and Title (Print Name): _____

Agent Signature: _____

Park 2 Go Authorizing Officer: _____

Please sign and fax to 403-319-2383