

APPLICATION FORM

Travel Arrangement and Health Information - Turkey

1. Personal Information:

- Name: _____
- Date of Birth: _____
- Address: _____
- Phone Number: _____
- Email Address: _____

2. Travel Information:

- Purpose of Travel (e.g. vacation, business trip, medical tourism, etc.):

- Planned Departure Date: _____
- Planned Return Date: _____
- Number of Travelers: _____ persons
- Preferred Departure Airport: _____
- Preferred Arrival Airport (e.g. Antalya, Istanbul, etc.): _____

3. Accommodation and Other Services:

Accommodation booking required:

- Room Type: Single Double

Transfer service (airport - hotel - airport)

Other services: _____

4. Flight Information:

- Class: Economy Business Other: _____
- Baggage Requirement: None Carry-on Checked baggage
- Preferred Airline (if any): _____
- Other requests or comments: _____

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5. Health Information:

Age (year.day.month): _____

Weight: _____

Height: _____

Smoking Status: _____

Any existing health issues (e.g., diabetes, high blood pressure, reflux/heartburn, Hepatitis B, Hepatitis C, HIV): _____

Do you take regular medications? _____

Have you had any previous surgeries or thrombosis? _____

6. Payment Method:

..... Bank Transfer

..... Cash

7. Declaration:

I hereby declare that the information provided is true and accurate, and I consent to the processing of this data for the purpose of travel arrangement, flight booking, and health-related services. I acknowledge that a deposit may be required to finalize the booking.

Date: _____

Signature: _____