

SFT-ARN-SFT

Company name: _____

Contact person: _____

e-mail: _____

Mobile: _____

Scenario 1

Daily afternoon departures

Yes

No

If yes, estimated guaranteed return flights _____

Scenario 2

2 daily departures **without** morning departure from ARN

Yes

No

If yes, estimated guaranteed return flights _____

Scenario 3

2 daily departures **with** morning departure from ARN

Yes

No

If yes, estimated guaranteed return flights _____

Please leave any comments here:

Date: _____

Signature: _____

Please reply to us as soon as possible no later than Friday April 24th.

Send to: sales@norwegian.com with subject "SFT-ARN guarantee"