Travel Trade FAM Request Form

Thank you for your interest in Greater Fort Lauderdale. Please note that the GFLCVB cannot offer air transportation or ground transportation outside of Broward County. Hotel arrangements made through the GFLCVB may not exceed three nights. As a courtesy to the hotel, we require a minimum six-week notice prior to your arrival in order to assist you. Group cannot exceed 10 rooms and/or 12 participants.

General Information

Name of FAM: ____________________________________________________________

Company: ______________________________________________________________

Primary Contact Name: __________________________________________________

Address: ______________________________________________________________

City: ___________________ State: _________ Zip: _______ Country: ______________

Email: ____________________________

Phone: ____________________________ Mobile: ____________________________

Emergency Contact: ____________________________________________________

Participant Details

Purpose of trip: _________________________________________________________

Please provide a detailed description of the purpose of the trip to share with our partners.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Summary of Participants: ________________________________________________

Please indicate if Tour Operators, Travel Agents, Sales Agents, Press, etc. Please also indicate if the group is proficient in English.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Number of rooms requested: ___________________ Singles ___________________ Doubles

Please see attached rooming list format.
**Travel Information**

Participating Airline: ___________________________ Flight # ___________________________

*If arriving by other means, please list below*

Departure Date: ___________________________ Departure Airport: ___________________________

Arrival Date/Time: _______ / _______ Arrival Airport: ___________________________

Post FAM departure time: ___________ Destination: ___________________________

Transportation

☐ Provided by GFLCVB ☐ Provided by Group ☐ Self Drive

Request:

☐ Other: ____________________________________________

**Current Business Engagement**

Are you currently featuring GFLCVB in your sales efforts? ☐ Yes ☐ No

If yes, which hotels are you currently working with? ___________________________

Estimated number of room nights sold annually? ___________________________

Do you work with Receptive Operators? ☐ Yes ☐ No

If yes, please list: ____________________________________________

**Important Information**

Thank you for completing this form. The information will be used when requesting assistance from our hotel/attraction/restaurant partners. Please note that some of our activities include outdoor/physical activities. Any concerns, please let us know. Submission of this form does not constitute confirmation of the FAM until written notice is provided. Itinerary is at the discretion of the GFLCVB. Special requests and/or changes will be considered up to 5 days prior to start.