



FLIGHT RESERVATION

FLIGHT INFORMATION

Full Name :

Date of birth : / / Gender : Male Female

Place of Birth : Nationality:

Phone Number : E-Mail :

ID Number : Passport number :

Title : Miss Mr. Mrs. Dr. Morning
 Afternoon

Departing from : Date :

Arriving at : Date : Night

Aisle seat Disabilities. If yes, specify :

Seat preference : Long leg seat Window seat Trip : One way trip
 Round trip

PASSENGERS DETAILS

Passenger 1

Name : Nationality :

Relationship : Passport / Id number:

Type : Adult (Ages 12 and above) Child (From 2 to 11 years old) Infant (ages below 2 years old)

Passenger 2

Name : Nationality :

Relationship : Passport / Id number:

Type : Adult (Ages 12 and above) Child (From 2 to 11 years old) Infant (ages below 2 years old)

More Information :

- 📍 Av. El Dorado #103-9
- 📞 +57 (601) 266 2000
- 🌐 <https://www.eldorado.aero/>

THANK YOU

Dorado Airport

Bogotá



FLIGHT RESERVATION

FLIGHT AVAILABILITY

Airline 1 :

It includes : Tickets Taxes Travel insurance Exhibition Fee

Final price :

Airline 2 :

It includes : Tickets Taxes Travel insurance Exhibition Fee

Final price :

PAYMENT DETAILS

Cash in

Credit card

Check

AMEX

Credit Card
Number :

Type of credit
card : Visa

Expiration Date : /

Master Card

Security Code :

This space is where you can share notes

Note :

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