



MyDreamFlight  
 3845 COVENTRY PARK LN  
 DULUTH GA 30096-2420  
 Tel: 6176004641  
 Fax: 6178450397  
 www.mydreamflight.com

**Ticket Change Request**

**Flight Change Form – Fax to 6178450397**

Requesting a change before the first travel date. The change request must be done **BEFORE** the first travel date. Otherwise, the ticket is completely worthless. Please complete the following fields:

**Confirmation Number** : ..... **Traveler Last Name** : .....  
**First Travel Date** : ..... **Traveler First name** : .....  
**Date of Change Request** : ..... **Traveler Phone Number** : .....

**Change Fee**

Pay a fee of **\$200** (for Domestic Flights) and **\$350** (for International Flights).

**Please select one :**

Domestic - \$200 per ticket     International - \$350 per ticket     Other - .....

**Difference In Fare**

Additionally, if the new tickets cost more than the original tickets you must pay the difference. If the new tickets are less than the original, the airline will not credit the difference. You must travel on the same airline in the same class. Please check our web site for the approximate price of the new flight dates. New Flight Itinerary Requested:

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**Authorization**

I authorize MyDreamFlight and their ticketing agency to change my reservation code (.....) to the new itinerary above. I understand the change fee is (\$.....) plus a difference of fare of (\$.....).

**Please charge my credit card**

Number (.....)  
 Expiration date (.....)  
 Security code (.....)  
 Signed .....  
 Date .....  
 Contact Phone .....  
 Email .....