

Registration form for assistance

I would like to receive free assistance on the occasion of my flight:

Last name, first name:

Possible accompaniment:

My e-mail:

Return flights

Date

Departure airport (**outbound**)

Arrival Airport (**Outbound**)

Flight No.:

Date

Departure airport (**return flight**)

Arrival airport (**return flight**)

Flight No.

☐

I can't walk long distances, but I can climb stairs with the help of stairs (technical name = WCHR)

☐

I can't walk long distances and I can't climb stairs (technical name = WCHS)

☐

I am not able to walk (technical term = WCHC)

☐

I take my walker with me

☐

I'm taking my own wheelchair with me

☐

This is hand-operated (WCMP)

☐

This is battery-operated (WCBD)

☐

with a dry battery

☐

with a leak-proof gel battery

Wet batteries are not transported for safety reasons.

Below I list the weight and dimensions of my wheelchair:

kg

Height / cm

Width / cm

Depth / cm

I would like to take additional aids with me beyond the free baggage allowance:

Type of aids:

Dimensions / Weight:

All assistance is free of charge. In addition, we will reserve a seat for you and any accompanying person free of charge. Special medical baggage is free of charge up to a weight of 10 kg. However, a detailed medical certificate on the scope and type of need must be submitted when registering.

Please note that timely registration is necessary to ensure a smooth check-in process.

Please send this form to fly@berways.com