BERWAYS

REGISTRATION FORM FOR ASSISTANCE

PERSONAL DETAILS

I WOULD LIKE TO RECEIVE FREE ASSISTANCE ON THE OCCASION OF MY FLIGHT:

Last Name, First Name:	
Possible Accompaniment (Last Name, First Name):	
My E-Mail:	
My Booking Number:	

FLIGHT DETAILS

OUTBOUND FLIGHT:

Date:	
Departure Airport:	
via:	
Arrival Airport:	
Flight Number(s):	

RETURN FLIGHT:

Date:	
Departure Airport:	
via:	
Arrival Airport:	
Flight Number(s):	

BERWAYS

NEED FOR ASSISTANCE

PLEASE SELECT:

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

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

O I am not able to walk
(technical name = WCHC)

O I take my walker with me

O I'm taking my own wheelchair with me

- O This is hand operated
(technical name = WCMP)
- O This is battery operated
(technical name = WCBD)
  - O with a dry battery
  - O with a leak-proof gel battery
WET BATTERIES ARE NOT TRANSPORTED FOR SAFETY REASONS.

BELOW I LIST THE WEIGHT AND DIMENSIONS OF MY WHEELCHAIR:

Weight (kg):		Height (cm):	
Width (cm):		Depth (cm):	

I WOULD LIKE TO TAKE ADDITIONAL AIDS WITH ME BEYOND THE FREE BAGGAGE ALLOWANCE:

Baggage Description:			
Weight (kg):		Height (cm):	
Width (cm):		Depth (cm):	

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