



Price Comparison Request Form

Instructions:

- All price comparison requests are subject to DreamTrips' terms and conditions.
- A completed form must be submitted by 11:59 PM (CST) on the 7th day following your booking with Rovia. (Fax: 972-767-3332 OR Email: pricepledge@rovia.com)
- A screen shot, proof of purchase or other supporting documentation for a lower price must be included with the submitted form.
- The requestor must be one of the traveling parties in the booking.
- All fields required.

Personal Details	
First Name:	
Last Name:	
Email:	
Phone:	
Member ID (if applicable):	

Fare Details	
Trip Reference Number (Trip ID):	
Booking Site Used: <i>(www.roviadreams.com)</i>	
Fare on Rovia site:	
Name of the lower price website:	
Fare on the lower price website:	
Departure Flight Date/Hotel Check-in Date:	
Return Flight Date/Hotel Check-out Date:	
Connections/routing (if any):	
Destination:	
Number of Passengers/Guests:	
Name of Airline/Hotel:	

Internal Use Only:			
Incomplete Form?	Y / N	Passed to Dept:	
Decision:	Y / N Amt: \$	Cust. Contacted?	Y / N
Rovia Bucks Amt:	Y / N Amt: \$	CC Refund:	Y / N Amt: \$