

Fax Number: 905-829-9102
To: Flight Network
Attn: Flight Network Job Guarantee Program
2947A Portland Drive
Oakville, ON
L6H 5S4

My name and address are _____. My flight confirmation number is _____.

By submitting this Eligibility Letter and by signing below, I certify that I expressly agree to each and every Term governing the Program as set forth in the Terms, which are attached to this Eligibility Letter and are incorporated as a part of this Eligibility Letter, whether or not any particular term is repeated in this Eligibility Letter. I understand that I can also review the Terms of the Program at any time prior to September 30, 2009 by visiting www.flightnetwork.com/pages/job_guarantee.htm. I have read and understood the Terms that apply to this Program. I hereby certify under penalty of perjury that each and every statement in this Letter by me is true and accurate to the best of my knowledge:

1. I have satisfied and complied with all the eligibility provisions and other requirements and limitations set forth in the Terms.
2. I am the individual who booked the reservations and paid for the flights on the itinerary. I represent that the flights are not eligible for reimbursement through my job or business. I am requesting that Flight Network cancel Flight(s) _____ and I am requesting a refund for these flight(s) for the following customers on the itinerary (note, maximum of nine (9) customers on single itinerary qualify for refund – note names below):

- | | |
|----------|----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | |

I understand that Flight Network will, upon receipt of the facsimile of this Eligibility Letter, cancel these flights regardless of whether I am ultimately determined to be eligible for the Program.

3. On _____, I involuntarily lost my full time job, at which I worked a minimum of thirty (30) hours per week.
4. I understand and expressly agree that Flight Network has the sole discretion to determine whether my job loss qualifies for the Program. I waive the right to challenge this Program through a class action proceeding.

NOTARY SEAL

[Name]

[Name]