





ADVERTISING2 ADVERTISING1 Storyboard1 Storyboard2 Storyboard3 YOUR DETAILS LIST Χ First Name: **Last Name:** Age: A message is displayed Email Address: indicating that the **Phone Number:** information is saved and Check in Date: the initial screen is **Check out Date:** displayed **Number Of Adults: ADVERTISING2 Number Of Children: Number Of Rooms: ROOM TYPE:** Do You Smoke? Do You Agree With The Local Native Conservation Initiative Agreement? Do You Need Kitchen with Cooking Facilities? Do You Want To Have Inter Connecting Rooms For Families? Swinfn Brotangl Goggles **Swimming Ring** Wheel Chair **Power Adapter**

100%

Your Progress: