

**FIVE (5) DAY CIENFUEGOS & HAVANA CRUISE &
CONFERENCE @ SEA- ROYAL CARIBBEAN**

DEPOSITS and PAYMENTS

1st Deposit of \$285.00 (non-refundable/non-transferable) due FEBRUARY 1, 2019.

2ND Deposit of \$285.00 (non-refundable/non-transferable) due MARCH 1, 2019.

**REMAINING PAYMENTS PER CREDIT AUTHORIZATION PAYMENT PLAN (6
PAYMENTS)**

*LeTonya F Moore - Group Leader 256.919.2510
Ebony L Truss – Group Leader - 205.319.1242*

FINAL PAYMENT

AUGUST 20, 2019

SCHEDULE	CANCELLATION POLICY
<p>Before or on 1/20/2019 After this date going forward this amount is in addition to schedule below</p>	Only the non-refundable deposit of \$285.00 per person.
On 2/20/2019	A cancellation charge of \$285.00 per person + 25% of the applicable Gross Charges for space being cancelled is assessed for all space cancelled, including triple and quadruple.
On 3/20/2019	A cancellation charge of \$285.00 + 50% of the applicable Gross Charges for the space being cancelled will be assessed, including triple and quadruple occupancy.
On 4/20/2019	A cancellation charge of \$285.00 + 75% of the applicable Gross Charges for the space being cancelled will be assessed, including triple and quadruple occupancy.
On 5/20/2019	A cancellation fee of 100% of applicable Charges, including triple and quadruple occupancy.

NOTE: PASSPORTS & VISAS ARE REQUIRED FOR CUBA

SIGNATURE: _____ DATE: _____

International Immersion Summit-Cuba 2019

Please include your roommate(s) name **ONLY** on your form in designated space (*) **EACH** person must complete a form.

PLEASE PRINT		<i>Group Leaders: Letonya Moore</i>		STATEROOM #	
	LEGAL NAME	DATE OF BIRTH		CABIN MATE(S) NAME(S) *	
1		3		*	
2	*	4		*	
SAIL DATE		<i>Nov 30-Dec 5, 2019</i>		SHIP'S NAME	<i>EMPRES</i>
CRUISE LINE		<i>Royal Caribbean</i>		GROUP NAME	<i>Int'l Imm</i>
NUMBER IN CABIN					
MAILING ADDRESS					
CITY, STATE, ZIP					
HOME PHONE			OFFICE PHONE		
MOBILE PHONE			ALTERNATE PHONE		
EMAIL ADDRESS					
CITIZENSHIP		[] <i>United States of America</i> [] <i>Other</i> _____			
SPECIAL CELEBRATION		[] <i>Birthday</i> [] <i>Wedding Anniversary</i> [] <i>Retirement</i> [] <i>Other</i> _____			
DINING REQUEST		[] EARLY (6 pm) [X] LATE (8 pm) [] MY TIME (<i>you set your own time</i>)		TABLE: Small _____ Medium _____ Large X _____	
TRAVEL PACKAGE		NOT PROVIDED/INCLUDED			
TRANSPORTATION		NOT PROVIDED/INCLUDED			
TRANSFERS _____		Departing	Flt #	Arriving	Flt # Carrier
SPECIAL NEEDS REQUEST					
T-SHIRTS (OPTIONAL) WE CAN GIVE YOU A QUOTE		S _____ M _____ L _____ XL _____ 2X _____ 3X _____ 4X _____			
STATEROOM CATEGORY		[] 2N - Interior \$973PP [] 4V - OCEANVIEW \$1009.30PP Other: _____ Category Rate: \$ _____ CONTACT US FOR SINGLE, TRI/QUAD OR SUITE RATES			
AMOUNT OF DEPOSIT		I understand that MY \$285.00 DEPOSIT IS NON-REFUNDABLE, there will be a \$285.00 cancellation charge . PLUS Additional cancellation information is listed on the cruise promotional -informational flyer, IF ANY MACK TRAVEL AGENCY Signed _____ Date ____/____/____			

CREDIT CARD BILLING AUTHORIZATION FORM

Credit Card Billing Information:	
NAME / COMPANY NAME:	
Person Authorizing:	
Credit Card Type:	Visa [] MasterCard [] Amex [] Discover / Novus [] Maestro [] Other, please specify:
Issuing Bank:	
Credit Card Number:	
Enter CVC (Security Code):	
Expiration Date:	
Billing Address:	
City:	
State/Province:	
Zip/Postal Code:	
Country:	
Phone Number:	
Fax Number:	
Please select one of the Following Payment Options:	
Once: \$ _____ (ONE FULL BALANCE PAYMENT)	Bill my credit card once for the following amount:
Please apply this payment to the following payment plan. Insertion Order/Invoice #: _____ One Time Payment (Initial on the line) _____ \$285.00 DEPOSIT due 2/1/19 _____ \$285.00 DEPOSIT due 3/1/19 Choose one below based on your cabin choice selection: INT/OV ONLY _____ 6 monthly payments of \$72.22 starting _____ ending _____ Cabin Type 4V (Oceanview) _____ 6 monthly payments of \$67.17 starting _____ ending _____ 2N (Interior)	Bill my credit card once per month for the following amount:
Applicant agrees that all information provided is accurate and complete. Applicant also acknowledges that all orders may be immediately terminated at company's discretion if any charges are declined or chargebacks are claimed against any outstanding invoiced amount. Disputes to amounts invoiced should immediately be reported to LeTonya Moore Any changes in the status of this card can also be reported to _____ Letonya@letonyamoore.com	

Authorized Signature: _____

Date: _____