

# CUBA BEYOND THE BEACHES & DREAMCATCHER WORKSHOPS

(REGISTRATION FORM)

Print this form on standard 8½ x 11 paper (portrait orientation)

**One Form Per Participant**

Tour / Workshop Name:			
Departure Date:			
Name (as on passport):			
Address:			
City:		Province / State:	
Postal Code / Zip Code:		E-Mail:	
Telephone (Home):		Telephone (Emerg):	
Telephone (Cellular):		Telephone (Fax):	
I require:	<input type="checkbox"/> Cancellation / Trip Insurance <input type="checkbox"/> Medical Coverage Package <input type="checkbox"/> Both		
I do not wish to take insurance (signature required):			
I have a special medical / dietary condition:			
I really don't like, or am allergic to:			
I will be sharing a room with:			
I am a single traveler and I prefer a:		<input type="checkbox"/> Roommate <input type="checkbox"/> Private Room	
City, Country of Birth:			
Date of Birth (month, day, year):			
I have a valid passport:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Country of Issue:			
My passport number is:			
Expiry date (month, day, year):			
<p>I, the undersigned, have read, understand and agree to the Booking Procedures and Conditions (See Pre-Tour Information on website)</p> <p>Deposit of 50% of tour is required at time of booking for all tours. Some payments may be required in entirety at time of booking. Balance due 60 days prior to tour.</p> <p>\$800.00 Canadian required at time of booking for all special and private tours. (Non refundable unless tour cancelled by Cuba Beyond the Beaches)</p>			
My payment is by:	<input type="checkbox"/> Credit Card (additional fee of 3% applies) – We will forward an authorization form (FOR LIMITED SERVICES ONLY). <input type="checkbox"/> Wire Transfer – We will forward wire transfer information. <input type="checkbox"/> Cheque – Canadian banks only - please allow 15 days for clearance on Canadian cheques.		
I am authorizing:	<input type="checkbox"/> Deposit or <input type="checkbox"/> Full payment for _____ person(s)		
Credit Card Type:	<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard		
Credit Card #:		Expiry Date (month, year):	
Signed:			Date: