

Registration Form

16th Annual TPOC Conference Aboard Royal Caribbean's Symphony of the Seas May 19th – 27th, 2018

Name: _____ Date of Birth: ____/____/____
(As it appears on photo I.D.) month day year

Address: _____

City: _____ State: _____ Zip: _____ Phone: () _____

Fax Number: () _____ Email: _____

Special Needs: _____

Travel Companion Sharing Accommodations

Name: _____ (Each person traveling must complete separate form)
(As it appears on photo I.D.)

Deposit amount of \$ _____ enclosed. Please process my deposit for _____ persons.

Have you selected to procure travel insurance? Yes No *(Strongly recommend)*

Cruise rate includes conference registration and is based on double occupancy. Please select cabin choice. Initial deposit of \$100 is non-refundable or transferable. Suggested bi-monthly payments of \$300 each. Final payment due by January 30, 2018. Make checks payable to Travel Professionals of Color. For information and rates for singles, triples and suites, please contact TPOC home office at 1-866-901-1259. Air from various gateways available upon request.

Category 6D: Oceanview/Balcony - \$1582.00

Category 2J: Central Park/Balcony - \$1302.00

Category 8D: Oceanview/Balcony - \$1552.00

Category 4A: Inside Cabin - \$1122.00

Form of Payment: Check Credit Card NOTE: A 3.3% service fee applied to all card transactions

Card Number: _____ Expiration date: _____

Address: _____ City: _____ State: _____

Billing Zip Code: _____ Credit Card Security Code: _____

NOTE: Individual(s) completing or listed on this form agree to indemnify and hold harmless Travel Professionals of Color (TPOC), it's officers, directors, employees and agents from any and all claims, damages, liabilities, losses, costs and expenses, including reasonable attorneys' fees to which TPOC or the officers, directors, employees or agents of TPOC may become subject or liable as a result of or arising out of, directly or indirectly, any action or conduct of the individual or of any agents, guests, licensees, employees or invitees of the individual while attending or traveling to and from the conference, including, but not limited to accidents, theft, physical injury, death, fire or otherwise. TPOC assumes no responsibility for any loss or delay to person and property due to any act of default and omission on the part of any company or person engaged in providing transportation, food services, tour attractions/sites or any other rendering services included in tour package.

Signature: _____ Date: _____

Name of your TPOC Agent: _____

Please fax this form to 303-750-0290 or Mail to: TPOC 1555 S. Havana St., Ste F-116, Denver, CO 80012