



Please PRINT and complete this form. Mail with payment to:  
TPOC 1555 S. Havana Street, Suite F-116 Denver, CO 80016

# Yes! Register me for TPOC's 2016 Conference at Sea

7 day cruise aboard Carnival Miracle April 23-30, 2016

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Travel Agency Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Price (non-adjustable) includes: Cruise rate, all taxes/port charges, conference registration and travel insurance.

\$100.00 non-refundable deposit due at time of registration to hold space.

\$300.00 payment due on or before September 30th, 2015

\$300.00 payment due on or before November 30th, 2015

Final payment due January 15th, 2016

\$881.00 Interior Cabin rate based on double occupancy

\$1,125.00 Balcony Cabin rate based on double occupancy

*Note: No outside cabins are available at this time, also triple rate, quad rate and suites are available upon request.*

### Method of Payment:

Amount paid at registration: \$ \_\_\_\_\_

My CHECK Number # \_\_\_\_\_  Cash \_\_\_\_\_

### CHARGE to my Credit Card:

Card Choice:  AX  MC  Visa  Discover (Note: a 3.5% fee is applied to all credit card payments)

Credit Card #: \_\_\_\_\_ Expiration: \_\_\_\_\_

Card Holders Name: \_\_\_\_\_ Security Code #: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Card Holders Signature: \_\_\_\_\_

Yes, I would like more information on Pre-Conference prices as soon as it becomes available.