

19th Annual TPOC Conference Aboard Carnival Horizon – May 15-23, 2021

IMPORTANT TRAVEL NOTICE: A valid passport is required for all travel to and from the Caribbean. Please submit your name exactly as it appears on your passport. If you do not have a passport, please apply for one as soon as possible, as you will not be permitted to cruise without a passport that is valid for at least 3 months after travel date.

PASSENGER INFORMATION

(Use a separate form for each paying cabin guest)

	<u>M/F</u>	<u>Last Name</u>	<u>First Name</u>	<u>DOB</u>	<u>Citizenship</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

Address: _____
 Phone: (H) _____ (C) _____ Email: _____
 Special Needs: _____ Special Occasion: _____
 Preferred Dining: [] Early (6:00 PM) [] Late (8:15 PM) [] Open (5:45 PM-9:30 PM)
 Past (Repeat) Guest #: _____

Please Select One: (Includes \$100 Conference Fee)

[]	Inside Cabin - \$1,020.00
[]	Ocean View Cabin - \$1,240.00
[]	Balcony Cabin - \$1,640.00

Cruise rates include 2020 TPOC Conference registration fees, all taxes, fees and port charges, and are based on double occupancy. Single, triple and quad rates will be provided upon request. Initial deposit of \$250.00 per person is required, with \$100.00 non-refundable and non-transferable

Include Pre-Paid Gratuities - (\$111.92) Yes _____ No _____
 Include Insurance - (Inside - \$109) Yes ___ N___ (O/V - \$119) Yes___ No___ (Balcony - \$129) Yes___ No___
 Include Transfers (\$33.98 r/t from Miami) Yes___ No___ (\$63.98 r/t from Ft. Lauderdale) Yes___ No___

PAYMENT INFORMATION

Deposit of \$250 per person is required to hold space – Due Now
Final payment is due no later than February 1, 2021

Deposit amount of \$ _____ enclosed Please process my deposit for _____ person(s)
 Form of Payment: [] Check [] Credit Card Note: A 3.3% Paypal service fee applied to credit card transactions.
 After initial deposit, payments can be made on TPOC Website (www.tpocassociation.com).
 Make checks payable to Travel Professionals of Color, and mail to: 5710 Ogeechee Road, Ste. #200-260, Savannah, GA 31405

Credit Card Number: _____ Exp Date: _____ Sec Code _____
 Billing Address _____ City _____ State _____
 Billing Zip Code _____

NOTE: Travel Professionals of Color assumes no responsibility for any injury, damage, death, loss, accident or delay to person and/or property due to any act of default and omission on the part of any company or person engaged in providing transportation services, restaurant services, tour attractions or sites, or any other rendering services included in tour package. In the event of an itinerary change instituted by Carnival Cruise Lines, Travel Professionals of Color will assume no responsibility.

Signature: _____ Date: _____

TPOC Member ___ Yes ___ No Guest of TPOC Member (Member's Name) _____