



Volunteers
in Medicine

Volunteers in Medicine® national office
Educational and Cultural Tour of Cuba
December 8 – 15, 2017
Registration Form

Please complete the registration form with all the necessary information (one per passenger). In addition to this completed and signed registration form, we need a copy of your passport (first page), which should be valid for at least six months after your scheduled departure to Cuba.

Full name (as on passport) _____

Name you go by _____

Home address _____
Street City State Zip

E-mail _____ Phone No. _____

Birthdate _____ Birthplace _____

Passport No. _____ Exp. date _____

Citizenship _____ Gender _____

T-Shirt size (please check one) S M L XL

If not US citizen, visa No. or US residency No. and exp. date _____

Occupation _____

Single/double (list roommate if applicable) _____

Allergies/dietary restrictions _____

Health concerns/special needs _____

Emergency contact (name and number) _____

Additional comments/concerns _____

Educational and Cultural Tour of Cuba

December 8 - 15, 2017

Sales Agreement

PRICING

DOUBLE (per person): \$4485

SINGLE: \$4995

INCLUDED

- Five nights at The Hotel NH Capri La Habana, a four-star hotel in the Vedado district.
- Two nights at Casa Particulares (Bed and Breakfasts) in Trinidad
- Round trip airfare from Florida to Havana (details on departure city pending)
- Daily breakfast
- Lunches and dinners as listed on the itinerary
- All local ground transportation
- Speaker fees
- Admission to all museums and public buildings listed in itinerary
- Coordination of all listed activities
- Restaurant tips
- Pre-trip departure information
- Compliance with US Treasury Department regulations
- All other activities and events listed on the itinerary
- Health and Evacuation Insurance

NOT INCLUDED

- Airline baggage fees
- Cuban visa (visas can be purchased at the airline ticket counter)
- Hotel expenses (mini bar, room service, laundry fees, etc.)
- Meals other than those listed on itinerary
- Trip cancellation insurance
- Liability insurance
- Any deviation from the itinerary
- Gratuities to the Cuban tour guide and driver

TERMS AND CONDITIONS

PAYMENT:

- A \$1,500 deposit per person is due in order to register for the trip. This is due with your registration.
- Full payment will be due approximately 90 days prior to departure: September 10, 2017

Payment can be made with a check, cashier's check, money order or credit card. Checks should be made out to *Intercultural Travel Group* and mailed to Charles Bittner, 6 Monitor St. – Suite 3B, Brooklyn, NY, 11222, or email your completed registration form with credit card (there will be a 3.5 percent processing fee) information to **Charles Bittner**: charles@interculturaltravel.com

To pay with a debit or credit card:

Please charge my card Visa MasterCard AmEx Discover

Name on card _____

Billing address _____

Card No. _____

Expiration Date _____

CSV (3 or 4-digit security code on back of card) _____

Signature _____

CANCELLATION AND REPLACEMENT POLICIES:

- A full refund, including the deposit, less a surcharge of \$100, is available for cancellations before **August 25, 2017**
- A refund of trip payment minus the deposit is available until **September 25**
- No refunds are available after **September 25**
- If the trip is cancelled for any reason, all payments will be refunded.
- We strongly recommend trip cancellation insurance from certified third-party vendors. Please inquire if you are interested in purchasing trip insurance.

UNUSED SERVICES & REFUNDS:

No refund or adjustment can be made for any portion of the services not used such as voluntary non-usage of hotel accommodations, scheduled meals or any planned activity described in your itinerary.

RESPONSIBILITY & LIABILITY STATEMENT

Intercultural Travel Group and Volunteers in Medicine national office serve only to assist in making necessary travel arrangements for its participating members, and in no way represent, or act as agent for, transportation carriers, hotels and other suppliers of services connected with this tour. Therefore, is not liable for any injury, damage, loss, accident, delay or other irregularity which may be caused by the defect of any vehicle or the negligence or default of any company or person engaged in performing any of the services involved.

Additionally, responsibility is not accepted for losses or expenses due to sickness, weather, strike, hostilities, wars, natural disasters or other such causes. All services and accommodations are subject to the laws of the country in which they are provided.

Intercultural Travel Group and Volunteers in Medicine national office do not accept liability for any airline cancellation or delay incurred by the purchase of an airline ticket. Baggage and personal effects are the sole responsibility of the owners at all times. Intercultural Travel Group and Volunteers in Medicine national office reserves the right to make changes in the published itineraries whenever, in its sole judgment, conditions so warrant, or if they deem it necessary for the comfort, convenience or safety of the tour participants.

Intercultural Travel Group and Volunteers in Medicine national office also reserve the right to decline to accept any person as a participant in the tours, or to require any participant to withdraw from the tour at any time, when such an action is determined by the appropriate Intercultural Travel Group and Volunteers in Medicine national office staff representative to be in the best interests of the health, safety and general welfare of the tour group, or of the individual participant.

Intercultural Travel Group and Volunteers in Medicine national office shall not be responsible for a delay or failure to perform due to causes or events not within its control, including, without limitation, an act of God or government, civil disturbances, fire or other catastrophe, electrical or computer failure, telecommunication failure, disruption of public transportation, storm or other severe weather conditions. Any non-cancellable travel arrangements will be deducted from the deposit, with any remaining deposit money to be returned to Client.

The undersigned has read carefully the schedule of activities for this tour. The undersigned recognizes that there is a moderate level of physical activity involved in the tour and the tour may require participants to walk relatively long distances and climb stairs. The client accepts any risks thereof and the conditions set forth therein. To the extent allowed by law, client agrees to release and hold harmless Intercultural Travel Group and Volunteers in Medicine national office and any of its officers or representatives from any and all liability for delays, injuries or death, or for the loss of or damage to his/her property however occurring during any portion of the program.

CLIENT NAME (Please print) _____

DATE _____ SIGNATURE _____