

4th ANNUAL UNIVERSITY OF TENNESSEE SEMINARS t SEA

	Registration by May 15, 2005	Registration after May 15, 2005
Per Person Rates:		
SEMINAR FEE	\$ 199.00	\$ 229.00
INSIDE CABIN double occupancy	\$ 650.00	\$ 680.00
OUTSIDE CABIN double occupancy	\$ 800.00	\$ 830.00
BALCONY CABIN double occupancy	\$ 950.00	\$ 980.00

Additional Items:

Transportation to and from New Orleans. If you are flying on the days of sailing you should schedule your flight to arrive in New Orleans before 2PM local time. Return flights from New Orleans should not be scheduled any earlier than 12:30PM local time. Insurance is highly recommended to protect your investment against any unforeseen events. Please remember to include the cost of your airline tickets on the insurance application we will provide for you. Proof of citizenship is required for this cruise as you will be entering and leaving the United States. Credit card payments will automatically be charged to your account by Paradise Vacation when due.

ENDODONTICS SEMINAR CRUISE APPLICATION FORM
(COPY IF YOU NEED MORE THAN ONE FORM)

FULL LEGAL NAMES AS THEY APPEAR ON YOUR PROOF OF CITIZENSHIP: (D.O.B. MUST BE INDICATED)

(1) _____ SEMINAR Y or N (DATE OF BIRTH) _____

(2) _____ SEMINAR Y or N (DATE OF BIRTH) _____

ARE ALL PARTICIPANTS UNITED STATES CITIZENS? (YES) _____ (NO) _____ IF NOT, PLEASE INDICATE CITIZENSHIP: _____

ADDRESS: _____ (DOCUMENTS WILL BE SENT TO THIS LOCATION)

CITY: _____ **STATE:** _____ **ZIP:** _____

HOME PHONE # _____ **WORK PHONE #** _____ **E-MAIL:** _____

EMERGENCY CONTACT NAME: _____ **AND PHONE #** _____

IF YOU HAVE ANY QUESTIONS, PLEASE INQUIRE. PLEASE MAIL OR FAX YOUR APPLICATION and PAYMENT PAYABLE TO PARADISE VACATION AND TRAVEL CO., INC. / 5725 MISTY HILL COVE / AUSTIN, TEXAS 78759 / FAX # (512) 418-0573 / PHONE # (512) 418-0290 AND TOLL FREE PHONE # (866) 393-4060 / E-MAIL:

PARADISE@AUSTIN.RR.COM (CREDIT CARD PAYMENTS WILL APPEAR ON YOUR STATEMENT AS A CHARGE BY PARADISE VACATION AND TRAVEL CO.) - CHECKS ARE PAYABLE TO PARADISE VACATION AND TRAVEL CO.

CIRCLE: CHECK CREDIT CARD DEPOSIT FULL PAYMENT (YOU WILL RECEIVE AN INVOICE FOR ALL PAYMENTS)

NAME ON CREDIT CARD: _____ ***SIGNATURE** _____

CREDIT CARD NUMBER: _____ **EXPIRES:** _____

TOTAL AMOUNT ENCLOSED OR TO BE CHARGED AT THIS TIME: \$ _____

DEPOSIT @ \$ _____ **(PER PERSON) x** _____ **= \$** _____

I WANT THE FOLLOWING ACCOMMODATIONS AT THE RATES INDICATED IN EACH DESCRIPTION:

() INSIDE CABIN () OUTSIDE CABIN () BALCONY CABIN

***SIGNATURE** _____ **TODAY'S DATE** _____

*Signature authorizes Paradise Vacation and Travel Co., Inc. to process charges for all amounts when due. Additionally, by your signature above you agree that you understand the terms and conditions for notification in writing of any changes and or cancellations / penalties as well as your responsibility to have the proper travel documents and punctuality for scheduled sailings. You agree to hold harmless The University of Tennessee College of Dentistry and Paradise Vacation and Travel Co., Inc. as to the operations of any airlines, transfers, tour operations, hotels, and the operation of any cruise ships. Paradise Vacation is an agent for its principals and other suppliers of travel accommodations and as an agent, is not and cannot be held liable for any negligence or wrongful acts, errors, or omissions on the part of any such supplier of travel accommodations which may result in any Damage, Death, Loss, Injury, Delay or inconvenience to you. Your purchase and retention of travel documents from Paradise Vacation and signature constitutes and acknowledgement of and consent to the foregoing limitation of liability.