

CUBA THROUGH THE EYES OF THE PEOPLE

RESERVATION APPLICATION | JANUARY 10 TO 17, 2015

To reserve a place, please complete and return this form with your deposit of \$1,500 per person (of which \$500 is non-refundable for administrative fees) payable by check to *Academic Arrangements Abroad*. Mail to: MIT Alumni Travel Program, 600 Memorial Drive, W98-2nd floor, Cambridge, MA 02139.

I/We are traveling to Cuba under a specific OFAC People-to-People license CT-2013-304431-1.

FIRST PARTICIPANT

NAME IN FULL AS ON PASSPORT	MOTHER'S MAIDEN NAME	
HOME ADDRESS	MIT AFFILIATION	
CITY	STATE	ZIP
TELEPHONE (HOME)	(BUSINESS)	
FAX	E-MAIL	
PASSPORT NUMBER	EXPIRATION DATE <i>(must be valid for six months after entry into Cuba)</i>	
CITIZENSHIP	OCCUPATION	
DATE OF BIRTH	<input type="checkbox"/> M <input type="checkbox"/> F GENDER	PLACE OF BIRTH

SECOND PARTICIPANT

NAME IN FULL AS ON PASSPORT	MOTHER'S MAIDEN NAME	
HOME ADDRESS	MIT AFFILIATION	
CITY	STATE	ZIP
TELEPHONE (HOME)	(BUSINESS)	
FAX	E-MAIL	
PASSPORT NUMBER	EXPIRATION DATE <i>(must be valid for six months after entry into Cuba)</i>	
CITIZENSHIP	OCCUPATION	
DATE OF BIRTH	<input type="checkbox"/> M <input type="checkbox"/> F GENDER	PLACE OF BIRTH

Accommodations

Hotel Room Preference Double Twin Single (at a supplement of \$595; limited availability) I wish to share a room with _____

Form of Payment

Enclosed is my check, payable to *Academic Arrangements Abroad*. Credit card (for deposit only; final payment must be made by check).

NAME AS ON CREDIT CARD	3- OR 4-DIGIT SECURITY CODE
CREDIT CARD NUMBER	EXPIRATION DATE

Each participant must sign below.

I/We confirm that I/we will fully participate in the licensed cultural exchange activities of this People-to-People Program.

I/We confirm that I/we have fully read and agree to the *Terms & Conditions* of this program, including the page on Cuba Travel Restrictions.

I/We agree to full payment by check with this reservation form.

SIGNATURE REQUIRED	DATE
SIGNATURE REQUIRED	DATE

For more information, please contact Academic Arrangements Abroad (an OFAC licensed Travel Service Provider)
Telephone: 212.514.8921 or 800.221.1944 | Fax: 212.344.7493 | E-mail: trips@arrangementsabroad.com