

Carlson Wagonlit Travel – Turquoise Bay Dive & Beach Resort

TRAVELLER'S NAME: *Extremely Important! FULL LEGAL NAME REQUIRED* – as shown on your travel documents

Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms			
Full Name (as printed on passport):			
Known As (for name tag purposes):			
Home Address – Street:			
City:	Province:	Postal Code:	
Telephone – Home:		Business:	
Email Address:		Fax:	
Documentation (Valid travel documents for destination)			
Country of Birth:		Place of Issue:	
Date of Birth (month/day/year):		Date of Issue (month/day/year):	
Passport #:		Expiry Date (month/day/year):	
Current Citizenship/Nationality of Passport:			
Health Issues to be aware of:			
Are you celebrating a special occasion while travelling? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, what date and occasion.			
Seat preference : window <input type="checkbox"/> Aisle <input type="checkbox"/>			
Are you planning on extending your stay outside of the tour? <input type="checkbox"/> Yes <input type="checkbox"/> No			
As a traveller my experience is very limited <input type="checkbox"/> moderate <input type="checkbox"/> extensive <input type="checkbox"/>			
Emergency Contact – Name:		Tel: ()	

TRAVEL COMPANION'S NAME: *Extremely Important! FULL LEGAL NAME REQUIRED* – as shown on your travel documents

Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms			
Full Name (as printed on passport):			
Known As (for name tag purposes):			
Home Address – Street:			
City:	Province:	Postal Code:	
Telephone – Home:		Business:	
Email Address:		Fax:	
Documentation (Valid travel documents for destination)			
Country of Birth:		Place of Issue:	
Date of Birth (month/day/year):		Date of Issue (month/day/year):	
Passport #:		Expiry Date (month/day/year):	
Current Citizenship/Nationality of Passport:			
Health issues to be aware of:			
Are you celebrating a special occasion while travelling? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, what date and occasion.			
Seat preference : window <input type="checkbox"/> Aisle <input type="checkbox"/>			
Are you planning on extending your stay outside of the tour? <input type="checkbox"/> Yes <input type="checkbox"/> No			
As a traveller my experience is very limited <input type="checkbox"/> moderate <input type="checkbox"/> extensive <input type="checkbox"/>			
Emergency Contact – Name:		Tel: ()	

Note: Name changes are subject to change fees. Restrictions apply.

Do you require insurance? Yes No Deluxe _____
 Amount Prior \$ _____ Non Medical _____
 Medical Only _____

A Carlson Wagonlit Travel counsellor with contact you with insurance pricing and details.
 For those wishing to decline insurance coverage as you have adequate existing coverage please print and sign your name below.

I, the undersigned, will not hold my travel agent, travel agency, Photo Tour Trekkers or RBC Insurance responsible for any expenses incurred from any sources as a result of my refusal to purchase travel insurance at the initial time of deposit for the full amount and duration of the trip.

Name (print) _____ Name (signature) _____

Date _____

INSURANCE

PREFERENCES: Please note, we will do our very best to confirm your requests, however, we are unable to guarantee.

Rooms: <input type="checkbox"/> Smoking Room <input type="checkbox"/> Non-smoking Room // <input type="checkbox"/> Single <input type="checkbox"/> Twin (2 bedded rm) <input type="checkbox"/> Double (1 bedded rm)
Travelling Companions
Special dietary requests for flights (please include traveller's name and special dietary request in detail):

FORM OF PAYMENT: Cash, Cheque or Credit Card – *If emailing us this form please phone in your credit card info

If paying by credit card, please complete information as follows:	
Use credit card for all payments: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express	
Card Number:	Expiry Date:
Card Holder Name:	Signature:

**Insurance payment to be processed by group planner

\$200 Deposit at time of booking - ALL DEPOSITS ARE NON-REFUNDABLE – FINAL PAYMENT FEB 27, 2015
We recommend travel insurance at time of booking.
Upon receipt of payment and insurance information, we will prepare an invoice.

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TRANSFER REQUIREMENTS:

Please complete this registration form (3 pages) IN FULL and return to:
Carlson Wagonlit Travel –224 Central Ave, London ON N6H 2Y3
or Email: KHirtzel@CarlsonWagonlit.com

PURPOSE STATEMENT AND CONSENT FORM

Carlson Wagonlit Travel ("CWT") takes customer privacy very seriously. In addition to our own longstanding privacy policies, CWT also is required to ensure that the personal information that we collect, use and disclose is processed in accordance with applicable law, including, without limitation, the Canadian *Personal Information Protection and Electronic Documents Act* and similar provincial legislation.

Types of Information Processed

The types of personal information that CWT collects, uses and discloses depends on the products and services you request from us. However, that information may include (among other things):

- ≥ Personal information that relates to specific travel reservations, products or services. This information may include your name, address, telephone numbers, e-mail address, health information, next-of-kin information and credit card information;
- ≥ Personal information about you and your preferences that will allow us to serve you more efficiently when you request a product or service from us and to bring to your attention products or services that may be of interest to you. This information may include the information described above and information about place of departure, intended destinations, travel preferences (e.g., cruises or eco-tours), airline, airline seating and airline meal preferences, hotel and hotel room preferences, rental car company and car preferences and family status;
- ≥ Communications between you and us and notes concerning those communications; and
- ≥ Personal information that relates to associated purposes such as travel insurance and foreign exchange.

Purposes of Processing

CWT requires your consent to collect, use and disclose your personal information. In the boxes provided, please indicate if you **do not** consent to the use of your personal information for the following purposes:

- | | | |
|--|---|--------------------------|
| <p>1.) Booking travel arrangements. This may include (among other things): disclosing your personal information, as required, to travel suppliers and service providers and for billing, and contacting you to inform you of travel preparations or changes as well as for follow up customer service.</p> | <p>If you do not consent to CWT collecting, using and disclosing your personal information for this purpose, check this box:
NOTE If you do not consent to CWT collecting, using and disclosing your personal information for this purpose, CWT will be unable to assist you with your travel needs.</p> | <input type="checkbox"/> |
| <p>2.) Retain the information for the purpose of efficiently serving you in the future.</p> | <p>If you do not consent to CWT collecting, using and disclosing your personal information for this purpose, check this box:
NOTE If you do not consent to CWT collecting, using and disclosing your personal information for this purpose, it will make CWT less efficient in assisting you with your travel needs.</p> | <input type="checkbox"/> |
| <p>3.) Offering products and services that may interest you.</p> | <p>If you do not consent to CWT collecting, using and disclosing your personal information for this purpose, check this box:
NOTE: If you do not consent to CWT collecting, using and disclosing your personal information for this purpose, CWT will not be able to keep you apprised of its special offers and promotions.</p> | <input type="checkbox"/> |

CWT does not collect, use or disclose personal information in any way other than those indicated above, except for purposes that are required or authorized by law or for which you have given your consent. CWT does not rent, sell or trade its mailing lists for any reason.

By signing here, you indicate that you have reviewed this Purpose Statement and Consent Form and have revoked your consent only for those purposes above that have been indicated in the appropriate box. Further, you acknowledge that you have been made aware of CWT's Privacy Policy.

Signature: _____ Name (please print): _____ Date: _____

- ≥ If you consent to us sharing your email address with other group members on the tour or for future dive opportunities please check here.