**Educational and Cultural Tour of Cuba**

**December 13 – 20, 2019**

**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) )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies/dietary restrictions\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health concerns/special needs\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact (name and number)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional comments/concerns\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**December 13 – 20, 2019**

 **Sales Agreement**

**MEMBERS PRICING**

**DOUBLE OCCUPANCY (per person): $3695**

**SINGLE OCCUPANCY: $4195**

**NON-MEMBERS PRICING**

 **DOUBLE OCCUPANCY (per person): $3995**

 **SINGLE OCCUPANCY $4495**

**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
* 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
* Pre-trip departure information
* Compliance with US Treasury Department regulations
* All other activities and events listed on the itinerary

**NOT INCLUDED**

* Airline baggage fees
* Cuban visa
* Airfare to/from Havana
* Hotel expenses (mini bar, room service, laundry fees, etc.)
* Meals other than those listed on itinerary
* Trip cancellation 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 September 1, 2019

Payment can be made with a check or credit card. Checks should be made out to ***Oral History Association***and mailed to **Box 193 Middle Tennessee State University 1301 East Main Street Murfreesboro, TN 37132**, or email your completed registration form with credit card information to**oha@oralhistory.org****.**

**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-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 **July 15**
* A refund of trip payment minus the deposit is available until **September 10**
* No refunds are available after **September 10**
* We 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**

Oral History Association serves only to assist in making necessary travel arrangements for its participating members, and in no way represents, or acts 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.

Oral History Association does 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. Oral History Association 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.

Oral History Association also reserves 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 Oral History Association staff representative to be in the best interests of the health, safety and general welfare of the tour group, or of the individual participant.

Oral History Association 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.

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 Oral History Association 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_