



Program Name: _____

Program Location: _____

Program Date: _____

REGISTRATION INFORMATION:

This information will appear on printed materials, kindly verify that it is accurate. Please make any changes or corrections in the spaces provided to the right.

Full Name: _____

Title: _____

Company Name: _____

Address: _____

City, State Zip: _____

Phone: _____ Ext: _____

Fax: _____

E-mail: _____

Assistant's Email: _____

Name(s) of guests (if children, please include ages):

TRAVEL SPECIFICATIONS: Date and times of arrival and departures should follow the details in your travel letter

Departure City: _____

Return to: (if different from departure city): _____

Departure Date: _____ Time: _____

Return Date: _____ Time: _____

Destination City: _____

Airline Preference: _____

Preferences: Window Aisle

Frequent Flyer #: _____

Please provide credit card information for guests' airline tickets:

Credit Card Number _____

Name on Card _____

Exp. Date _____

HOTEL INFORMATION: Room & tax will be covered only, according to your travel letter

Arrival Date: _____

Room Type: King 2 Beds
 Smoking Nonsmoking

Departure Date: _____

Hotel/ADA Special Needs: _____

Special Meal Requirements: _____

Disclaimer

In order to process your reservation request, each individual traveler must read, sign, and return the following indemnification and travel information section:

As a participant in this scientific meeting/travel program, please be advised that the CBCE™ (The Center for Biomedical Continuing Education), and Freeport Travel Services act as agents for the hotels, transportation companies, and other suppliers that will be used on your behalf, and thus do not control them. We are not responsible for any negligent inconveniences, changes, accidents, losses, or delays caused by these vendors or their employees, including luggage or any other personal property. The CBCE and Freeport Travel Services shall not be liable for any injuries, damages, losses, expenses, accidents, delays, or inconveniences resulting from or relating to your participation in this scientific meeting/travel program or any related activities.

I have read and agree to the above statement:

Signature

Date

Signature of Spouse/Guest

Date

Should you have any questions regarding travel arrangements, please call: Freeport Travel Services (888) 748-9288

Please return via fax, (214) 260-0408, to the CBCE.