



Domestic - International - Cruise - Vacations

- Cruise Only
 Cruise and Land Package
 IAMA Member Yes No
 CMS Member Yes No

CME Registrants Names: _____ _____	Fees \$300 IAMA member <input type="checkbox"/> Fees \$400 Non-IAMA member <input type="checkbox"/>
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Name of Travellers:

LAST	FIRST	M	CRUISE CABIN CATEGORY:
			11 <input type="checkbox"/> 10 <input type="checkbox"/> 9 <input type="checkbox"/> 8 <input type="checkbox"/> 7 <input type="checkbox"/> 6 <input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/>
			11 <input type="checkbox"/> 10 <input type="checkbox"/> 9 <input type="checkbox"/> 8 <input type="checkbox"/> 7 <input type="checkbox"/> 6 <input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/>
			11 <input type="checkbox"/> 10 <input type="checkbox"/> 9 <input type="checkbox"/> 8 <input type="checkbox"/> 7 <input type="checkbox"/> 6 <input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/>
			11 <input type="checkbox"/> 10 <input type="checkbox"/> 9 <input type="checkbox"/> 8 <input type="checkbox"/> 7 <input type="checkbox"/> 6 <input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/>
			11 <input type="checkbox"/> 10 <input type="checkbox"/> 9 <input type="checkbox"/> 8 <input type="checkbox"/> 7 <input type="checkbox"/> 6 <input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/>

ADDRESS: _____	PHONE: _____	<b style="color:red">Tour Deposit: -Cruise deposit \$250/PP at the time of booking, balance due on May 10th, 2006. -Land Package deposit \$150/PP time of booking, balance due on May 10th, 2006.
	H: ()	
	F: ()	
	C: ()	
E-MAIL: _____	W: ()	

PASSPORT INFORMATION:

NAME:	DATE OF BIRTH	CITIZENSHIP	PASSPORT NUMBER	EXPIRY DATE

MILEAGE:

<input type="checkbox"/> AA <input type="checkbox"/> British Airways	<input type="checkbox"/> Lufthansa <input type="checkbox"/> United	<input type="checkbox"/> Delta	<input type="checkbox"/> Other

FOOD: Veg. Non-Veg.

CREDIT CARD INFORMATION: MC Visa AMEX DIS

I authorize APX Travel to charge amount \$_____ from my charge card # _____ Exp _____
 Security code ____ Card Holder Name _____ Signature _____ Date _____

Please fill in the appropriate information and fax to **APX Travel 847-301-1500**