# USPHS

**Centers for Disease Control and Prevention.**
**Vessel Sanitation Program**

Ⓐ Select Requested Program
(Check Selection)

- January ☐
- March ☐
- May ☐
- August ☐
- November ☐

Ⓑ
Name of Participating Cruise Line: _____

Ⓒ
Number of Seats (attendees) Requested: _____

**To apply, complete Sections A-D, F. For replacements, also complete Section E. Please note that incomplete applications will not be processed.**

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| Names of Attendees: | Title: |
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| Names of Replacement: | Title: |
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Particpating Cruise Line Information:

Address: _____

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Phone: _____ Fax: _____

I certify that this (these) individuals has (have) been notified and is (are) available for training.

Authorized Representative: (please print)

_____

Signature _____ Date _____

Return Application to:
The Cruise Industry Institute
1809 Silver Valley Court,
Apopka, FL 32712
Tel. (407) 884-1301 Fax. (407) 884-1302