Vessel Sanitation Program - Training Seminars

"Charting a Healthier Course"

(Check Selection)

A. DATES:

- NOVEMBER 2001 ☐
- MARCH 2002 ☐
- MAY 2002 ☐
- AUGUST 2002 ☐
- NOVEMBER 2002 ☐

TO APPLY, COMPLETE SECTIONS A-D, F. FOR REPLACEMENTS, ALSO COMPLETE SECTION E.
PLEASE NOTE THAT INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

B. NAME OF PARTICIPATING CRUISE LINE: _____

C. NUMBER OF SEATS (ATTENDEES) REQUESTED: _____

D. NAME OF ATTENDEES:	TITLE:	E. NAMES OF REPLACEMENT:	TITLE:

F. PARTICIPATING CRUISE LINE INFORMATION:

ADDRESS: _____

_____

_____

I certify that this (these) individuals has (have) been notified and is (are) available for training.
Authorized Representative: (please print)

Signature _____ **Date** _____

PHONE: _____ **FAX:** _____ **E-MAIL:** _____

E-MAIL: _____

Return application to:
The Cruise Industry Institute
Attn: Ms. Catherine Arthur
1809 Silver Valley Court, Apopka, Florida 32712
Telephone: (408) 884-1301, Fax: (407) 884-1302

Cruise Industry Institute
C.I.I.