2012

Select Requested Workshop (check)

DESTINATION	√	DATES
Miami		February 8-10
Miami		April 4-6
Miami		May 2-4
Seattle		June 6-8
Miami		August 8-10
Miami		November 28-30

USPHS

Centers for Disease Control and Prevention
Vessel Sanitation Program

Participating Cruise Company Information

Name _____
Cruise Company

Address: _____
Street Address

_____
City *State* *ZIP Code*

_____ Number of Seats (attendees) Requested: _____
Country

Authorized Representative (please print) _____
First *M.I.* *Last*

Phone: ( ) _____ FAX: ( ) _____

E-mail Address: _____

Signature: _____ Date: _____

Attendee Information

Name(s): _____ Title(s): _____

*Companies with additional submissions, kindly contact **The Cruise Industry Institute** at cii@gate.net.*

Emergency Contact Information

Full Name: _____
First *M.I.* *Last*

Primary Phone: ( ) _____ Alternate Phone: ( ) _____

Return Registration to:
The Cruise Industry Institute
7881 Canyon Lake Circle
Orlando, Florida 32835
U.S.A.

Phone: 407-271-4286
Direct: 407-808-8210
FAX: 407-286-0850
Email: cii@gate.net