Form Instructions: Responses can be typed into the form fields and the tab key can be used to move between the fields.
Save form with a unique filename that includes the cruise company name and requested workshop start date.
The completed form can be returned by email to: cii@gate.net or it can be printed and returned by mail to address below.

2014 Workshop Requested (mark one)

DESTINATION	O	DATES
Miami	O	February 5 - 7
Miami	O	April 16 - 18
Miami	O	June 11 - 13
Seattle	O	August 13 - 15
Miami	O	September 24 - 26
Miami	O	November 12 - 14

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