

AQUAFIT CONFERENCE
Ocean Blue Golf & Beach Resort
Punta Cana, Dominican Republic
November 13 - 20, 2010

REGISTRANT INFORMATION

Name (as shown on passport): _____

Preferred Name : _____

Address: _____

Telephone: Home: _____ Business: _____

Cell: _____

Email: _____

Age: _____ Date of Birth: _____ Gender: _____

Travelling Companion(s) in same suite (All Junior-Suites):

Name (as shown on Passport): _____

Name (as shown on Passport): _____

Accommodation Requested: Single: _____ Double: _____ Triple: _____

Request Additional Week: _____ (November 20 - 27, 2010)

Handicapped Accessible Room Required: _____

If yes, please provide your requirements: _____

Allergies: _____

Special Dietary Request for Flight: (i.e. Vegan) _____ (every attempt will be made to accommodate)

Credit Card: Visa _____ Mastercard _____ American Express _____

Number: _____ Security Code: _____

Name on Card: _____

Expiration Date: _____

Fax to: Joy Vanek - Expedia Cruiseship Centers Willowdale:

Fax No.: 905-886-2167 (secure fax)

Telephone: Office - 416-226-6667 Cell: 416-574-5521