

TRAVEL AGENT REGISTRATION FORM



Vancouver Convention & Exhibition Centre

June 3rd – June 7th 2010
Vancouver, BC



PLEASE COMPLETE ONE REGISTRATION FORM FOR EACH AGENT ATTENDING

Type or print information. Payment information must accompany registration form. One form per agent registration, photocopies are accepted.

NAME: MR. MRS. MS.

TITLE:

AGENCY NAME:

AGENCY STREET ADDRESS:

ADDRESS 2:

CITY:	STATE/PROVINCE:	ZIP/POSTAL CODE:	COUNTRY:
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AGENCY PHONE:	YOUR PREFERRED FAX*:
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YOUR PHONE (DIRECT):	YOUR PREFERRED E-MAIL*:
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AGENT PROFILE

Please Answer the Following Questions:

- 1) Are you an agent of an active CLIA member? Yes No If Yes, CLIA# _____ (required to qualify for CLIA member registration fee)
- 2) Are you a CLIA certified Cruise Counsellor? Yes No Please note status*. ACC MCC ECC ECCS
If Yes, CID # _____ (required to qualify for CLIA Certified Cruise Counselor registration fee – if CID# is not known, call CLIA at 754-224-2200, * your status will be verified before registration is processed)

EARLY BIRD - REGISTRATION FEE

Calculate Your Registration Fee/s (Fee Includes: Full Conference, Seminars, Workshops, Exhibits, Meals and Ship Inspections)

Any agent with ACC/MCC/ECC/ECCS Status or Active Enrollee in CLIA's Certification Program	@ \$119.00/each:	=	\$ _____
CLIA member agent/affiliated with a CLIA member agency	@ \$139.00/each:	=	\$ _____
Non CLIA member	@ \$169.00/each:	=	\$ _____

PLEASE NOTE: Payment in full must be received before registration is confirmed.

1-To Pay by Check (Mail to):

Michael J. Pierson Associates, Inc., 23441 South Pointe Drive, Suite 150, Laguna Hills, CA 92653, USA, (949) 457-1545.
Checks must be payable to Michael J. Pierson Associates, Inc. Checks must written on a U.S. Bank and in U.S. Dollars.

2-To Pay by Credit Card:

Card Number: _____ Cardholder's Name: _____

Exp. Date: (mm/yy) _____ CSC: _____ Signature: _____ Today's Date: _____

Type of Card: American Express VISA MasterCard

Address as it appears on Credit Card Statement: Street: _____

City: _____ State: _____ Zip: _____

For more information on **Air Discounts, Ground Transportation and Lodging**, visit the cruise3sixty website at www.cruise3sixty.com and click on the Hotel & Travel link.

Check here for **ADA/Special Needs Assistance**
Please send us your special needs requests via email at cphan@mjpa.com or call us at 949-457-1545 x.112.

IMPORTANT INFORMATION: (Please read and retain a copy for your records.)

Children: No children will be admitted to any of the general sessions, workshops, trade show or activities.

Confirmations: Will be emailed within 24 hours of receipt of your registration form and full payment.

Cancellations: Refunds are by written request only and must be postmarked on or before April 30, 2010. A \$50.00 per person processing fee will be retained. Thereafter, no refunds will be granted. Attendee substitution, from the same agency, can be made in writing at no charge up to three weeks prior to the show.

Agreed and Accepted – Please sign and return via fax to (949) 457-1281

Print Name:

Title:

Signature:

Date

*Note: Inclusion of your fax number and/or e-mail address and signature represents written permission for CLIA, its member lines and cruise3sixty sponsors to distribute communications to you – if you do not agree with these terms, please leave the fields blank.