

International Expeditions

Cuba People to People Participant Application & Profile Form

International Expeditions, Inc. has prepared an itinerary that follows the guidelines set forth by the United States Treasury Department's Office of Foreign Assets Control to engage, organize and conduct people-to-people travel to Cuba. This type of travel engages participants in meaningful interactions with individuals in Cuba. Each person wishing to be considered for participation in the People-to-People Educational Program to Cuba should complete, sign and return this form. Should you decide to participate and be accepted, this information will be used to obtain your visa and documentation. This is an opportunity to engage with the people of Cuba. You must agree to participate in all scheduled People to People activities in compliance with the terms and regulations pertaining to the general licensing. IE is an organization that sponsors and organizes educational exchange programs to promote contact with the Cuban people i.e. People-to-People Educational Programs. If you are unwilling or unable to comply then you do not qualify to travel with International Expeditions to Cuba.

Name: _____
(Full name exactly as it appears on your passport)

Address: _____

City: _____ State: _____ Zip: _____

Phone: (Day) _____ (Home) _____ (Cell) _____

Email: _____

Citizenship: _____ Birth Date: _____ Birthplace: _____

Passport Number: _____ Expiration Date: _____
(We recommend your passport be valid for six months after entering Cuba)

Marital Status: _____ Sex: _____ Profession: _____

Mother's Maiden Name: _____

How many times, if any, have you traveled from the US to Cuba? _____ If so, when did you go? _____

If so, was it a general or specific license? _____

If you were born in Cuba, when did you leave? _____

If you have a Cuban passport is it up to date? _____ Please provide expiration date: _____

Please note, if you hold a passport from any country other than the United States of America other documentation may be necessary. Please call our office upon completion of this form for further instruction.

Referring Organization: Women's Travel Group

Departure Date: March 18, 2017

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E-mail or mail or mail form To Phyllis Stoller to The Women's Travel Group

116 East 63rd Street

Suite 4A

NY, NY 10065

Phyllis@thewomenstravelgroup.com

Referring Organization: The Women's Travel Group
2017

Departure Date: March 18,

\$4185 Per Person - Share Basis

\$850 Single Supplement

\$530 Air to/from Cuba, visa and departure tax

A deposit of \$600 is due at time of application.

Deposit will be processed by International Expeditions.

I authorize International Expeditions to charge \$600 to the credit card shown below.

Credit Card #: _____ Exp. Date: _____

Security Code: _____

Name on card: _____

Address associated with

card: _____

Cancellation Terms:

\$300 from the time of booking until 90days prior to departure

100% of trip price starting 89 days prior to departure

Signature: _____ Date: _____

I understand the terms above and my signature authorizes International Expeditions to process payment as indicated above.

Phone: _____

e-mail: _____