

DESTINATION DECO™ HAVANA

REGISTRATION FORM

PARTICIPANT INFORMATION

Name must match exactly as it appears/will appear on your passport.

First Name: _____

Middle Name: _____

Last Name: _____

Mother's Maiden Name: _____

Email Address: _____

Phone Number: _____

Cell Phone: _____

Address: _____

Do you have any food allergies or medical conditions that ADSNY and Copperbridge should be aware of?

No Yes (If yes, please explain below)

What name would you like printed on your name tag?

A personal copy of *Havana Art Deco: An Architectural Guide* and *Enrique Garcia Cabrera* are included in registration. Would you like these books:

Mailed to the participant address on this form

Given to you on the first day of the program

PASSPORT INFORMATION

Please submit a copy of your passport with this form. If not available upon registration, provide as soon as available; no later than final payment.

Passport No: _____

Country of Issue: _____

Date of Issue: _____

Expiration Date: _____

EMERGENCY CONTACT

Name: _____

Phone Number: _____

Relationship: _____

LODGING

Please select the type of accommodations you require at the Parque Central Hotel:

Single Double (Shared Bed) Double (Separate Beds)

Name of person with whom you will be sharing a room, if applicable:

If name of roommate is not available upon registration, please provide as soon as available; no later than final payment.

REGISTRATION AND FEES

Check the box next to rate that you are registering for:

1 Room with 2 Guests

\$4,540.00 per person for 1 Room with 2 Guests

I am paying in full for 1 person for the program

\$1,250.00 deposit per person

I am making a \$1,250.00 deposit to secure 1 reservation for the program and understand that the remaining balance of \$3,290.00 is due November 1, 2019

1 Room with 1 Guest

\$4,980.00 per person for 1 Room with 2 Guests

I am paying in full for 1 person for the program

\$1,250.00 deposit per person

I am making a \$1,250.00 deposit to secure 1 reservation for the program and understand that the remaining balance of \$3,730.00 is due November 1, 2019

By checking this box I confirm that I understand the program price does not include:

- Additional non-scheduled visits and activities
- Additional meals, snacks, and drinks
- Flights to/from Miami from your start destination
- Travel insurance (highly recommended)

Please note: Audio assistance devices for each attendee are included in registration. Attendees are responsible for their device when in their possession. If that device is lost while in attendee possession a charge of \$120.00 will be automatically processed. In case of loss, please include your credit card information:

Name on Card: _____

Card Number: _____

Expiration Date: _____

Security Code: _____

Same Billing Address as above

Different Billing Address:

This tour is limited in size and is exclusively for current ADSNY members. Space is extremely limited and there has been a great deal of interest in this program, you are urged to reserve your place quickly. Reservations are on a first-come, first-served basis. *This tour is dependent on 28 registered attendees.* If that minimum is not met the program will be canceled and all registration fees will be returned.

Registration with credit card is not available for this program.

Checks made out to: Art Deco Society of New York

Do not include the words Cuba or Havana anywhere on your check

Mail checks to: Art Deco Society of New York,

P.O. Box 6205, New York, NY 10150-6205

Registration Form: Each attendee must complete his/her own registration form and submit it to ADSNY to secure registration. Hand-signed forms may be emailed to ADSNY at Info@ArtDeco.org or mailed to the above P.O. Box. Electronic signatures are not accepted.

Travel insurance is *highly recommended* for this program. ADSNY will provide insurance information upon registration.

CUBA TRAVEL INFORMATION

How many times have you traveled to Cuba? _____

If born in Cuba, when did you leave? _____

Cuban Passport No.: _____

Expiration Date: _____

When was the last time you traveled to Cuba?

Which license did you use? _____

ADDITIONAL INFORMATION

How did you hear about this program?

Please let us know of any special needs or non-food-related allergies you have so we may better accommodate you:

Are you interested in more information on ADSNY's 1-day, pre-program exploration of Miami on January 14?

No Yes (If yes, note additional fee and registration required)

GENERAL CANCELLATIONS, RESPONSIBILITY, AND RELEASE

All payments are final, there are no refunds or exchanges. The program is dependent upon a minimum of 28 attendees and the program schedule is subject to Cuban government law and the Treasury Department's Office of Foreign Assets Control (OFAC) review. If the Cuban Government or US/OFAC deems the trip not possible for any reason, all payments will be fully refunded.

Payment of your fee represents your acceptance of the following terms and conditions. The Art Deco Society of New York (ADSNY) and Copperbridge Foundation (CBF) shall not be liable and do not assume responsibility for any claims, damages, expenses or other financial loss whether to person or property arising out of any injury, accident, death, cancellation, delay, alteration, or inconvenience resulting from any act of omission, commission or inadvertence of any hotel, carrier, restaurant, or other company or person rendering any of the services included in the tour and/or its pre- and post-tour arrangements, or caused by weather, sickness, strikes, or the willful or negligent acts of any other tour members or any cause whatsoever beyond the control of the ADSNY and CBF.

It is understood that there may be changes in the itinerary subject to weather or unexpected circumstances. In all cases, every attempt to substitute other events of equal value and interest will be made. These events may be photographed and/or recorded. By registering for this program, you consent to the use of your image and voice by the Art Deco Society of New York and Copperbridge Foundation for all non-commercial, nonprofit purposes.

TRAVEL SERVICE PROVIDER FLIGHT AGREEMENT

As part of registration for this program, Gypsy Travel Service, Inc. (GTS), will be arranging round trip airfare for travel from Miami to Cuba, and from Cuba to Miami. As the principal, GTS is responsible to you for arranging these two flights, provided however, that in the absence of negligence on GTS, ADSNY, Copperbridge Foundation (CBF), and GTS are not responsible for personal injury or property damage caused by the air carrier or other suppliers of any of the services offered in connection with the charter.

Airport taxes and excess baggage charges are NOT included in the price of the Documenting Deco™ program and will be collected separately.

Health Insurance: Basic health insurance is mandatory when traveling to Cuba. It will be included in your flight purchase. If you are interested in receiving more information about this coverage, please contact ADSNY at Info@ArtDeco.org.

Baggage: ADSNY, CBF, and GTS do not take responsibility for baggage loss or baggage charges and is subject to the airline as indicated in the airline's company policy.

Cancellation and Refund: All payments are final, there are no refunds or exchanges. The program is dependent upon a minimum of 28 attendees and the program schedule is subject to Cuban government law and the Treasury Department's Office of Foreign Assets Control (OFAC) review. If the Cuban Government or US/OFAC deems the trip not possible for any reason, all payments will be fully refunded.

International Flights: The operation of the flight is subject to the Cuban government granting landing rights. If the air carrier cannot obtain landing rights, the flight will be canceled, and a full refund will be made to you.

Furthermore, ADSNY, CBF, and GTS are not responsible for natural disasters or unforeseeable acts of nature for breakdown of machinery, acts of governments or other authorities, war, whether declared or not, hostilities, civil disturbances, strikes, pilferage, epidemics, quarantines, customs regulations, delays, or cancellations of or changes in itinerary or schedules, omissions, vendor defaults, or for any loss beyond their control.

Furthermore, ADSNY, CBF, and GTS are not responsible for any loss or damage resulting from improper or insufficient passports, visas, or other documents. ADSNY, CBF, and GTS are not liable or responsible for any additional expenses or liability, medically or otherwise, sustained or incurred by the below-signer attendee as a result of injury, damage or loss, or as a result of the cause set forth above in this document or through the participation in any activities or events engages in during the program.

ACKNOWLEDGMENT

By signing below I accept all terms outlined in this document. I confirm that I agree to the payment plan as outlined above. I have filled out this form to the best of my knowledge. I acknowledge that I am going to Cuba on a Copperbridge Foundation (CBF) People-to-People trip with the Art Deco Society of New York (ADSNY). I agree to follow the itinerary as set out for me by CBF. I will not hold ADSNY or CBF accountable if I am found to be in violation of the law.

Signature

Date

In addition to this form you must send a copy of your passport, a completed and signed Visa Application (see page 3), and a completed and signed Travel Affidavit (see page 4) to the Art Deco Society of New York to complete your registration



I, _____, and authorized and/or licensed traveler to Cuba, request that Gypsy Travel Service assists on my behalf with the application to obtain and receive an Entry Permit to Cuba.

This document represents an application only. It is entirely within the authority of the Government of Cuba to review and process the information contained in the application and to approve or deny the visa. Gypsy Travel Service is not responsible or liable to the licensed traveler, if the Government of Cuba decides to deny the application and/ or entry into Cuba.

Signature _____ **Date** _____

Passport # _____ **Expiration Date** _____

Country of Issue _____

Travel Affidavit – General / Specific Licenses

I understand that, travel transactions related to Cuba must be directly incident to one of the self-authorizing general license purposeful travel categories or travel authorized under the auspice of a specific license granted on a case-by-case basis. Under current US travel restrictions with respect to Cuba, travel-related transactions are prohibited except for the following categories and that by signing my name at the bottom of this Affidavit, I declare that I fall under the category I have checked below.

- 1. Family Visits
- 2. Official Business of the U.S. Government, Foreign Governments, and Certain Intergovernmental Organizations
- 3. Journalist Activities
- 4. Professional Research
- 5. Professional Meetings or Conferences
- 6. Educational Activities
 - General license for educational activities
 - General license for people-to-people travel
- 7. Religious Activities in Cuba
- 8. Public Performances, Clinics, Workshops, Athletic, & Other
- 9. Support for the Cuban People
- 10. Humanitarian Projects
- 11. Activities of Private Foundation / Research / Educational Institutions
- 12. Exportation & Re-exportation of Certain Internet-Based Services
- 13. Transactions Related to Information & Informational Materials
- 14. Certain Export Transactions
- 15. Specific License (OFAC License #: _____)

Name: _____ Address: _____

Date of Birth: _____ Signature: _____

I certify that the above information is true and correct.