



Select Requested Program
 (Circle Selection)

2004
 November 3-5

2005
 January 26-28
 March 16-18
 April 27-29
 June 8-10
 August 17-19



Name of Participating Cruise Line: _____



Number of Seats (attendees) Requested: _____

To apply, complete Sections A-D, F. For replacements, also complete Section E.
 Please note that incomplete applications will not be processed.



Name of Attendees:

Title:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



Name of Replacement:

Title:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Participating Cruise Line Information:

Address: _____

I certify that this (these) individuals has (have)
 been notified and is (are) available for
 training.

Authorized Representative: (please print)

 Signature Date

Phone: _____ FAX: _____

Return Application Form to:
Cruise Industry Institute
1809 Silver Valley Court
Apopka, FL 32712
Tel.: 407-884-1301
FAX: 407-884-1302
Email: cii@gate.net

