## January 28-30 - Miami, Florida

## **USPHS**

Centers for Disease Control and Prevention Vessel Sanitation Program

	Participating Cruise C	ompany information	
Name			
	Cruise Company		
Address:	Street Address		
	20		700
	City	Number of Seats (attendees) Requested:	
Authorized Representative (please print)	Country	(alteriaces) respansions.	· <u></u>
Phone:	First	<i>M.I.</i> FAX: _ <b>(</b>	Last )
E-mail Address:		.,,,,	,
Signature:		Date:	
Attendee Information			
Name(s):		Title(s):	
		<del></del>	
	-		
Companies with additional submissions, kindly contact <b>The Cruise Industry Institute</b> at cii@gate.net.  Emergency Contact Information			
Full Name: Firs	st .	M.I.	Last
Primary Phone:	( )	Alternate Phone:(	)

Return Registration to: The Cruise Industry Institute 7881 Canyon Lake Circle Orlando, Florida 32835 U.S.A. Phone: 407-271-4286 FAX: 407-286-0850 Email: cii@gate.net