

## Cuba Travel Services, Inc. (CTS Charters) RESERVATION FORM AND OPERATOR-PARTICIPANT CONTRACT California Office 800-963-2822 Miami Office 305-476-9400

Departure Flight:	e Flight: Departur		Date:	Category	Category: R/T [ ] O/W [ ] R [ ] RP [ ]				Return Flight:			Re	Return Date:		
Destination: Agency #:				Agency Name:					Agency Telep				phone #:		
Name Shown on U.S. Passport Last Name:					First Name:					Mother's Maiden Name:				DOB:	
Name Shown on Cuban Passport (if applicable) Last Name:					Mother's Maiden Name:					First Name:			Second Name:		
Email Address:					Gender: Male [] Female [] Country of Birth:					Visa #:					
ENTRY TO: UNIT					ED STATES OF AMERICA				CUI				BA		
TRAVEL	TRAVEL [ ] Passport Country				у			[ ] Residence [ ] Other		[ ] Passport Country				[ ] Other	
DOC	DOC TYPE DOC N			UMBER			DOC EXPIRATION DATE			DOC NUMBER			DOC EXPIRATION DATE		
OFAC CATEGORY:  Cuba Apis Code: Pax Category:  Pax					P[ ] B[ ] A[ ] A[ ]#			Education General Licens Prof. Research General Li Education SP. Lic # All Others SP. Lic # A4: Visit Relatives A5: International Organia			[ ] A6: Professional Res./Confer [ ] B1: Cuban Resident Returning [ ] Agricultural Sales [ ] Telecom Products Sales [ ] Medical Products			ent Returning s s Sales	
USA Address:					City:						ate:		Zip:		
CUBA Address:					City:				Pro	vince:	Cuba	Cuba Phone:			
In case of an Emerg		Telephone:													
RESERVATIONS. flight is fully booked. All checks, money of the charges are NOT in AIRCRAFT: This This air carrier reser INSURANCE: heal BAGGAGE: The a	AND PAYME!  d. we will advise orders, and cree  E: The charter particulated in the conflight will be proves the right to all the and accident in carrier allows	NT: Attach e you of alte dit card dr orice of \$ and retu charter price erformed by substitute er insurance is each passe	quivalent aircraft, if necessa available. If you are interest nger to check up to <u>44 p</u>	rr Reservat tet will be i e to your t s your cost  parately at ary. ed in receiv ounds	ion Form. issued only ravel agen for a charte the airpoi	We aftent, we reflicted form	will confirm the reservation of the reservation about this confirmation of the reservation of the res	ne reservation is confirment remit particular in the airport is coverage, ess baggag	t should	on	the full of Service to a airconstant and airconstant all of the service and the service and the service are the service and the service are th	charter prices, Inc	port. Fo	he ticket is issued on Excess baggage passenger seats.	
Specifically, the air of	carrier's liability n advance, the	y is limited air carrier's	ability for lost or damaged by to 1,331 Special Drawing R liability will be higher. You	lights regar	dless of the	e nu	mber of check	ed bags. If	however	, you declare	a higher	r value for	your ba	ggage and pay an	
90071 and (ii) Valley	y National Bank	k, 1040 Vall	is protected by two security ey Road, Fourth Floor, Wa eleased from all liability to	yne, NJ 07	470. Unles	ss yc	ou file a claim								
			cancel your reservation, or mile or by overnight mail.	r if you fai	l to travel	on t	the charter fli	ght, your r	ight to re	ceive a refund	l is limi	ted, as set	forth bel	ow. You must send	
If your notice is received: 7 to 4 days before departure:					Within 3 days			s before departure:		At any time, if we re			esell your seat:		
You will receive: \$ 50% of the amount paid					\$ No !	Refu	und		A full refund l			ss \$50 administrative fee.			
We have no right t notify you as soon as The rights and remed understanding that a INTERNATIONA cancelled, and a full	o cancel the ch s possible but no dies made availate passenger's rec L FLIGHTS: refund will be n	arter less to later than able under the eipt of a reference of the operation and to you	to Cuba Travel Services, In han 10 days before depart the scheduled departure dath his contract are in addition found waives any additional into of the charter flight is su automatically.	e. If the ch to any othe remedies. bject to the	t for circum narter is car or rights or r	msta ncell reme	ances that mailed, we will made dies under appliament granting	ke it physicalle a full repolicable law	cally imp fund to you Howev hts. If the	ossible to perfou within 14 dier, we offer re	form the ays after funds un	r cancellati nder this co ain landing	on. ontract w	ith the express	
Signature of Appli	icant:		Da	ite:			Passenger's	Telephone	Number	:					
J. J			OUT ONE FORM PER										E		