

Marazul Charters Inc.

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MEDICC CONFERENCE

"A HEALTHY CUBA, HEALTHY WORLD" December 5-10, 2018 * Santiago de Cuba

Zip

State

City

PAYMENTS: Payments to Marazul Charters, Inc. can be sent via institutional checks (e.g. colleges or universities), certified check, cashier's check, bank transfer, or via credit card (Visa or MasterCard only). We cannot accept personal checks. Credit card payments can only be made via our Credit Card Authorization Form (enclosed).

U.S. AUTHORIZATION TO TRAVEL: Marazul Charters Inc. can only make arrangements on behalf of individuals

	Foreign Assets Con	ntrol of the U.S. Department of the Treasury under a General License or Specific gories.
CANCELLATION AND Programs to Cuba are subject to If your notice is received:		OLICY: cellation charges if you cancel for any reason: You will receive:
		Full refund less your deposit
your point of departure to Cub to/from Cuba is late for any re	ba. Marazul is no eason. s no responsibilit	rges imposed by the airlines for any connecting flights to/from of responsible for any charges incurred if your charter flight by for the issuance or denial of licenses by the Office of Foreign visas by Cuba.
operate any person or entity which Inc does not maintain any control assumes no responsibility for an delay, inconvenience, or irregular unauthorized acts or omissions of any vehicle, equipment, instrungligent act or omissions on an weather, strikes, hostilities, wars are subject to the laws and regular any baggage or personal effects.	ch is to, or does, pol over the personned cannot be held librarity which may be on the part of any comment owned, openy part of any others, terrorist acts, act ations of the count of any individual penasing a travel instance.	lders, officers, directors, successors, agents, and assigns, neither own nor provide goods or services for these trips or tours. Because Marazul Charters, nel, equipment, or operations of these suppliers, Marazul Charters, Inc iable for any personal injury, death, property damage, or other loss, accident, e occasioned by reason of (1) any wrongful, negligent, willful, or of the tour suppliers, or other employees of agents, (2) any defect in or failure rated or otherwise by any of these suppliers, or (3) any wrongful, willful, or r party not under the supervision or control of the Operator (4) sickness, ts of nature, local laws or other such causes. All services and accommodations try in which they are provided. Marazul Charters, Inc is not responsible for participating in the trips arranged by Marazul Charters, Inc. Individual surance policy, if desired, that will cover some of the expenses associated
LIABILITY RELEASE S		
Charters, its agents, employees, from my participation in this trip	officers, directors, b. I agree that this g my intention to	read the disclaimer stated above and I hereby release and discharge Marazul, shareholders and successors from and against any and all liability arising release will be legally binding upon myself, my heirs, successors, assigns fully assume all risk of travel and to release Marazul Charters, Inc from any w.
	Signature	
	Name	Dates of travel

Address (Street)

Certification of Travel to Cuba

Under a General or Specific License

Effective February 16, 2016

I understand that I must keep full and accurate records of the transactions I engage in related to this travel for 5 years from the date of the transaction.

I have read the section of the Cuban Assets Control Regulations, 31 C.F.R. Part 515 that is checked off below (for a complete list of the requirements and restrictions for travel to Cuba (go to http://www.ecfr.gov) and I certify that I satisfy all the conditions for traveling to Cuba identified in that section of the regulations OR I have provided Marazul Charters, Inc. with a copy of my specific license.

I understand I must also have a valid Cuban entry document to travel.

SIGNATURE		NAME (please print)
DAT	ES OF TRAVEL	ADDRESS - Street
		CITY, STATE, ZIP
		TEL / EMAIL
	TION OF THE REGULA' VEL TO CUBA:	TIONS / GENERAL LICENSE THAT AUTHORIZES MY
	31 C.F.R. § 515.564(a)(2)	PROFESSIONAL MEETINGS IN CUBA
П	31 C.F.R. § 515.561(a)	FAMILY VISITS