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|--|------------------------------|----------------------------|--|
| AMHE 46th Annual Convention | | | |
| July 20 - 28, 2019 | | | |
| ALL INCLUSIVE - 3-night stay in Havana, 5-night stay in Varadero - CUBA | | | |
| AMHE CONTACT: | Phone: (718) 245-1015 | Fax: (888) 685-2415 | <i>Please fax completed form. Call Ms. Myriame Delva if you any questions.</i> |

A)-Please tell us who you are and how we can reach you.

| | | | |
|-------------------------|-----------------|---------------------|----------------------------------|
| LAST NAME | | Title | |
| FIRST NAME | | MIDDLE INIT. | |
| STREET ADDRESS | | Apt. No | |
| CITY | | STATE | ZIP |
| PHONE: | | Mobile | Office or Home Pls Circle |
| Email Addresses: | email-1: | email-2: | |

B)- Please tell us how many people will be in your group. Please circle below.

| | | | | | |
|--------------------------|----------|----------|----------|----------|--|
| Total number(No.) | 1 | 2 | 3 | 4 | Maximum allowed in a room is 4 (2 adults and 2 children). |
| # of Adults | 1 | 2 | | | |
| # of Children | 1 | 2 | | | |

C)- Please select options for your hotel accommodation below. Children 3yrs or less are free and those 12 yrs and older pay adults rate

Booking is for the 9-Day-8 Night Package:

Double Occupancy: \$1799.00 per Adult and \$899.00 per Child (ages 3-11) & Single Occupancy is \$2199.00 per Adult

D)9-Day-8-Nights Package. Please Provide us your information to complete

| | | | | | | |
|---|---------------|---|------------------|--|--------------|--|
| Single Room Accommodation: Means 1 Adult in the room. | | | | | | |
| | Amount | | No Adult | | Total | |
| | \$ 2,199.00 | X | | | | |
| Double Room Accommodation: Means 2 Adults in a room (1 or 2 children as well). | | | | | | |
| | Amount | | # Adult | | Total | |
| Total amount: | \$ 1,799.00 | X | | | | |
| | | | #Children | | | |
| | \$ 899.00 | X | | | | |

| | | | |
|--------------------|--|-----------------|----------------|
| Person No 1 | | | |
| LAST NAME | | Title | If child, Age: |
| FIRST NAME | | Middle Initial | |
| Passport No. | | Expiration Date | |
| Arrival Date | | Flight Number | Time: |
| Departure Date | | Flight Number | Time: |

| | | | |
|--------------------|--|-----------------|----------------|
| Person No 2 | | | |
| LAST NAME | | Title | If child, Age: |
| FIRST NAME | | Middle Initial | |
| Passport No. | | Expiration Date | |
| Arrival Date | | Flight Number | Time: |
| Departure Date | | Flight Number | Time: |

| | | | |
|--------------------|--|-----------------|----------------|
| Person No 3 | | | |
| LAST NAME | | Title | If child, Age: |
| FIRST NAME | | Middle Initial | |
| Passport No. | | Expiration Date | |
| Arrival Date | | Flight Number | Time: |
| Departure Date | | Flight Number | Time: |

| | | | |
|--------------------|--|-----------------|----------------|
| Person No 4 | | | |
| LAST NAME | | Title | If child, Age: |
| FIRST NAME | | Middle Initial | |
| Passport No. | | Expiration Date | |
| Arrival Date | | Flight Number | Time: |
| Departure Date | | Flight Number | Time: |

| | | |
|---|--|--|
| Please provide any additional comments and instruction. | | |
|---|--|--|

