Reservation & Traveler Information Form

People to People Program to Cuba – UNC General Alumni Association: April 10 to 16, 2016

Liability and Responsibility:

Please read the following conditions carefully. Making a reservation or acceptance of tickets and documents shall be deemed to be consent to the conditions outlined below.

WorldGuest, Inc. (WG) is the program operator and acts solely as an agent for the traveler and assists organizing the program. The expressed mission of this People to People program is to interact with the Cuban people. As such, there is no responsibility whatsoever in whole or part for any occurrences including but not limited to any delay, loss, accident, personal injury, illness, or death, medical expenses, or property damage occasioned by fault or negligence of any person, employee, or company entrusted with the performance of such services from whatever cause. I understand that all travel contains some risks that may be caused by forces of nature, or negligence, or actions of others. I agree on my behalf, my dependents, heirs, and administrators to release and hold harmless WG and any of its officers, employees, agents, or representatives from any and all liability, expense, or inconvenience caused by late arrivals, departures, or any changes of schedule beyond our control, or the loss of, or damage to your luggage, money, jewelry, valuables, or other belongings whatsoever, whosoever, or howsoever caused.

If for any reason beyond reasonable control, such as Force Majeure or governmental actions, WG shall have the right to cancel the program and refund all monies to the traveler. Such refund shall be the sole measure of damages. The right is reserved to make any changes to the program that might become necessary based on changing schedules with or without notice. WG reserves the right to accept or decline any person as a member of the program at any time for behavior that is deemed to be disruptive to the group or program or if it is deemed that the traveler is not complying with the structured program as authorized by our license issued by the Office of Foreign Assets Control. Any claim or dispute by a traveler with WG arising out of or relating to this contract or services pursuant to this contract shall be settled by binding arbitration in accordance with the rules then in effect adapted by the American Arbitration Association, which arbitration shall take place in the State of Florida. A request for arbitration must be filed within one month of the scheduled program start date.

Please return this form with a copy of your passport signature page <u>AND</u> the attached travel affidavits (fill in the highlighted areas) to: UNC General Alumni Association | Post Office Box 660 | Chapel Hill, NC 27514-0660 | Attn: Ann-Louise Aguiar

Program:

For full program details please refer to our program itinerary. Program includes one night in Miami prior to our departure. Flights between Miami and Havana. Meals as indicated, all accommodations, transportation within Cuba, Travel Card (Visa), Medical Insurance and Departure Tax are included. Flights to/from Miami are not included in the program.

Program Rate & Payments:

- The per person rate In Double Occupancy is: \$ 4,230.00. The rate in Single Occupancy is: \$ 4,580.00. Single availability is limited.
- We can not guarantee locating a roommate. If you register as a share/double please understand that you will be invoiced as a single traveler if you can not identify a room share.
- To register please return ① this form, ② a copy of your passport photograph page, ③ the accompanying affidavits and ④ a deposit of \$275.00 payable to and sent to:

UNC General Alumni Association | Post Office Box 660 | Chapel Hill, NC 27514-0660 | Attn: Ann-Louise Aguiar

- Please make all final payments to: WorldGuest Travel Services Inc. Escrow Account | 5959 La Gorce Drive | Miami Beach, FL 33140.
- Final payments are due 60 days prior to departure: February 10, 2016.

Cancellation Policy:

Cancellation requests must be received in writing. Cancellations for any reason will be subject to a \$200 per person fee. Cancellation from 90 – 61 days before the program date will result in a forfeiture of 25%; from 60 – 31 days 50%; cancellation at or within 30 days of program date will result in forfeiture of the entire cost of the program.

Special Conditions:

^① This program will operate based on the Specific License granted by the Office of Foreign Assets Control, Department of Treasury. This is a structured program. Delegation members are required to attend each event as detailed. Failure to comply with the structured program will be reported to U.S. officials.

② We caution that Cuba is a very special destination, we urge each traveler to respect the laws and customs of this nation as the U. S. government does not maintain diplomatic relations with Cuba. WG will assume no responsibility and will not be held liable due to inappropriate actions or activities of the traveler while in Cuba.

③ Travelers born in Cuba are required to secure a Cuban Visa before traveling. Please contact us at info@worldguest.com for assistance.

Signature and Acknowledgment - Must be signed by each traveler.

I have read, understand and agree with the terms, liability, responsibility as stated above. I acknowledge that I have been advised to purchase travel insurance. Furthermore, I state that I am traveling to Cuba on a People to People delegation and I agree to comply with the requirements of the Specific License for travel to Cuba.

Traveler's Signature:	X		Date:		Class Year:	
Print Traveler's Name:					Home Telephone:	
Home Address:					Mobile Telephone:	
	Street	City	State	Zip	Your Name for	the Name Badge:
Please <mark>Print</mark> Your Email Address:						
	Please Attach a Copy of your	[•] Passport Signa	ture Page.	Share Room With:		
Name as it appears on your Passport:				s	Circle One: Single Double	
Passport Number:				E	xpiration Date:	
	Passports MUST be valid for 6 m		Г			
Date of Birth:		Place of Birth:			Nationality:	
Mother's Maiden Name:					Occupation:	
IMPORTANT 🗲	I request a room with ONE BED.					
Emergency Contact Name:					Telephone:	
Address:						

This People to People program is licensed to travel to Cuba by the U.S. government to interact with the Cuban people. The program is limited to travelers willing to engage in the exchange program. Portions of the time in Cuba will be devoted to People to People activities. All travelers will receive a copy of the license and a letter authorizing travel under the Specific License issued by the U.S. government.

"RESERVATION FORM" ABC Charters, Inc.

(ABC needs ORIGINAL of this form prior to departure date) PLEASE USE ONE SHEET PER PASSENGER

Outbound FLT:	Date:	Ticket No:	Destination:				
Return FLT: Agency / Organizatio	Date: on:		Contact Information:				
)							
US Passport or US Al Last Name: Document No: US Address:	lien Registration Expiration	<mark>First Na</mark> r	ne: Document Type: State:	(Zip:)			
Other Country Passpor Last Name: Document No: Cuba Address: Municipality:		First Nar ion Date: Prov:	Country:				
	Gende: n, I hereby certi :		prized to travel under th	he general			
license section CFR <u>515.</u> Or under specific license number							
		PUBLIC CHARTER					
OPERATOR PARTICIPANT CONTRACT THIS AGREEMENT SETS FORTH THE TERMS AND CONDITIONS UNDER WHICH WE, ABC CHARTERS INC. 1125 SW 87 AVE, MIAMI, FLORIDA 33174, in return for payment of the amount indicated as the total charter price, agree to provide you this charter flight.							
RESPONSIBILITY: We, as the principal, are responsible to you for arranging the charter flight, provided however, that in the absence of negligence on our part, we are not responsible for personal injury or property damage caused by the air carrier or other suppliers of any of the services offered in connection with the charter							
RESERVATIONS AND PAYMENT: Attached to this Agreement is your Reservation Form. We will confirm the reservation within 7 days after receiving the Reservation Form. If the charter flight is fully booked, we will advise you of alternate travel dates. The ticket will be issued only after the reservation is confirmed, and you must pay the full charter price when the ticket is issued. All checks, money orders, and credit card drafts must be made payable to your travel agent, who in turn must remit payment to ABC CHARTERS, INC.							
CHARTER PRICE: The charter price and returns from AIRCRAFT: This flight will be perform the right to substitute equivalent aircra	e of repres , Cuba to ned by aft, if necessary.	ents your cost for a charter flight f on , operating a	hat departs from to US Airport taxes are included in the charter pri aircraft with passenger seats. T	, Cuba on ice. This air carrier reserves			
BAGGAGE: The air carrier allows each passenger to bring on the flight 44 pounds of baggage. Excess baggage fees for total weight of all bags after the 44lb is MIA-HAV \$2 per pound. Check baggage fees of \$20 per bag. We guarantee 2 check-in bags per person of a max weight of 70lbs per bag. For INTERNATIONAL flights, the air carrier's liability for lost or damaged bags is limited to the actual value of the baggage but not more than the amounts set forth in the Montreal Convention. Specifically, the air carrier's liability is limited to \$1,131 SDR per passenger regardless of the number of checked bags. If, however, you declare a higher value for baggage and pay an additional charge in advance , the air carrier's liability will be higher. You must submit your claim for lost or damaged baggage to the air carrier or to us within 3 days of the charter flight. Your claim must include a copy of the Baggage Check.							
SECURITY AGREEMENT: Your payment is protected by two financial security agreements that we have obtained from (1) Intercontinental Bank of Miami, 5722 SW 8 St. Miami, FL 33144 and (2) Level One Bank 32991 Hamilton Court Farmington Hill, MI 48334. Unless you file a claim with us, or, if we are not available, with the Securer within 60 days after the completion of the charter, the Securer will be released from all liability to you under the security							
CANCELLATION AND REFUND: You have no right to any refund if you travel on the charter flight and are denied entry by the Cuban Authorities. If you cancel your reservation or if you fail to travel on the charter flight, your right to receive a refund is limited. If we resell your seat you will receive a full refund, less \$25 administrative fee, <u>Otherwise</u> as set forth below:							
If your notice is received: More than 30 days before departure: Less than 30 days before departure For any December Flights	I	You will receive Full refund No Refund – ONLY ASSOCIATEI No Refund – ONLY ASSOCIATEI					
All requests for refunds must be sent to us in writing or by facsimile. Refunds will be made within 14 days of receipt of your notice of cancellation. We have no right to cancel the charter less than 10 days before departure except in circumstances that make it physically impossible to perform the charter trip . If this occurs, we will notify you as soon as possible but no later than the scheduled departure date. If the charter is cancelled, we will make a full refund to you within 14 days after cancellation.							
The rights and remedies made available under this contract are in addition to any other rights or remedies available under applicable law. However, we offer refunds under this contract with the express understanding that the receipt of the refund by you waives any additional remedies.							
INTERNATIONAL FLIGHTS: The operation of the charter flight is subject to the Cuban government granting landing rights. If the air carrier cannot obtain landing rights, the flight will be cancelled, and a full refund will be made to you automatically.							
I have read and agree to the terms an	d conditions of the Operator-Par	ticipant Contract. I have signed u	p for the flight specified above and on the Rese	ervation Form			
Signature of Applicant:		Date:	Tel#:				



TRAVEL AFFIDAVIT



I understand that, under current United States travel restrictions with respect to Cuba, travel-related transactions are prohibited except for the following categories and that by signing my name at the bottom of this Affidavit, I am declaring that I fall under the category I have checked below.

Family Visit (A4-561):

I am traveling to visit a close relative in Cuba, who is (i) a Cuban national, (ii) Resident in Cuba, (iii) Person authorized to be located in Cuba for extended time period of time, which complies with the regulations identified in §515.561.

Government Official (A1-562):

I am a U.S. or foreign government official or a representative of an international organization of which the United States is a member, and I am traveling on official business, which complies with the regulations identified in §515.562.

Journalist (A2-563):

I am regularly employed as a journalist by a news reporting organization, or I am regularly employed as supporting broadcast / technical person, or freelance journalist or technical person supporting freelance; traveling to Cuba to engage in journalistic activities, which complies with the regulations identified in §515.563. Full-time Professional-Research or Professional Meetings (A5-564)

- I am a full-time professional whose travel transactions are directly related to non-commercial, academic research in my full-time professional area, which complies with the regulations identified in §515.564, or
- Attending a professional meeting or conference in Cuba. The purpose of the meeting or conference is not to promote tourism. , which complies with the regulations identified in §515.564.

Educational Activities (A11/A12-565):

- I am a faculty member, staff person, or student of an accredited U.S. graduate and undergraduate degree-participating in a structured education program of a course offered for credit; or academic research for obtaining undergraduate or graduate degree; or participating in formal course in Cuba; or teaching at Cuban academic institution; or sponsor/co-sponsor of noncommercial academic seminars/conference/workshops; or preparation of any of the activities listed, which complies with the regulations identified in §515.565. (a)
- People to People exchange which is sponsored by an organization that sponsors such exchanges, and accompanied by a full-time employee or consultant from the sponsoring organization, which complies with the regulations identified in §515.565 (b)

Religious Organization (A10-566):

□ I am a member or staff of a U.S. religious organization, and my travel is for participation in a full-time program of religious activities in Cuba which complies with the regulations identified in §515.566

Public performances, clinics workshops, athletic and other competitions and exhibitions (A14-567):

I am a participant or staff of a U.S. organization, and my travel is for participation in a full-time program of Public performance; or Athletic competition; or clinics/workshops, or other competitions and exhibits that meet the regulations identified in §515.567

Support for the Cuban People (A15-574):

I traveling to Cuba to perform activities with recognized human rights organizations; or independent organizations which promote a peaceful transition to democracy; or to perform activities which strengthen civil society in Cuba, , which complies with the regulations identified in §515.74.

Humanitarian Projects (A16-575)

I am traveling to Cuba for a humanitarian reasons for medical/health related projects; construction projects; environmental projects, educational training, , which complies with the regulations identified in §515.575.

Private foundations or Research/Education Institutes (A17-576):

I am traveling to Cuba with a US foundation/institution established interest is international relations to collect information for non-commercial use, which complies with the regulations identified in §515.576.

Exportation, importation, or transmission of informational materials (A18-578):

I am traveling in conjunction with exportation/importation activities, which complies with the regulations identified in §515.578. Exportation transactions authorized under US Commerce Department (A19-578):

I am traveling to Cub in conjunction to authorized exportation transactions authorized by the US Commerce Department, which complies with the regulations identified in §515.578.

Name: Home Address:	Date of Birth: City/State/Zip:	<mark>Tel:</mark>
I certify that the above information is true and correct.		Date

Affidavit and Documents Reviewed/Screened by Travel Service Provider (TSP):