

APPNA 25TH INTERNATIONAL MEETING

KUALA LUMPUR & BALI

APRIL 5 – 15, 2018

REGISTRATION FORM

REGISTRATION DEADLINE: JANUARY 3, 2017

PLEASE ENTER NAMES AS THEY APPEAR ON THE PASSPORT.

COPIES OF PASSPORT PHOTO PAGES MUST BE ATTACHED FOR ALL ATTENDEES

ALL FIELDS ARE REQUIRED.

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED AND MAY JEOPARDIZE YOUR SPOT.

ALL APPLICATIONS ARE PROCESSED AS FIRST SUBMITTED & PAID. SPACE IS LIMITED.

PERSON #1		MAIN REGISTRANT		MUST BE APPNA MEMBER			
FIRST NAME		MIDDLE INITIAL		LAST NAME			
STREET ADDRESS		CITY		STATE		ZIP	
EMAIL				PREFERRED PHONE			
DOB				GENDER	M	F	
COUNTRY OF PASSPORT				EXPIRY DATE			
PASSPORT NUMBER				DEPARTURE AIRPORT			
PERSON #2		GUEST					
FIRST NAME		MIDDLE INITIAL		LAST NAME			
DOB				GENDER	M	F	
COUNTRY OF PASSPORT				EXPIRY DATE			
PASSPORT NUMBER				DEPARTURE AIRPORT			
PERSON #3		GUEST					
FIRST NAME		MIDDLE INITIAL		LAST NAME			
DOB				GENDER	M	F	
COUNTRY OF PASSPORT				EXPIRY DATE			
PASSPORT NUMBER				DEPARTURE AIRPORT			
PERSON #4		GUEST					
FIRST NAME		MIDDLE INITIAL		LAST NAME			
DOB				GENDER	M	F	
COUNTRY OF PASSPORT				EXPIRY DATE			
PASSPORT NUMBER				DEPARTURE AIRPORT			

**PLEASE READ ALL OF THE FOLLOWING INFORMATION CAREFULLY.
ACKNOWLEDGMENT SIGNATURE REQUIRED ON PAGE THREE.**

TOUR

PRICE INCLUDES AIRFARE FROM KUALA LUMPUR TO BALI, GROUND TRANSPORTATION, ACCOMMODATIONS, TOUR ENTRANCE FEES (WHERE APPLICABLE), TAXES, GRATUITIES, AND MOST MEALS.

AIRFARE

PRICE INCLUDES FLIGHT FROM KUALA LUMPUR TO BALI.

PRICE DOES NOT INCLUDE ARRIVAL FLIGHTS TO KUALA LUMPUR OR RETURNING FLIGHTS FROM BALI.

PLEASE CALL AMAX TRAVEL AT 713-278-8685 TO ARRANGE ARRIVAL AND DEPARTURE FLIGHTS.

ADDITIONAL CHARGES WILL APPLY.

IF YOU WOULD LIKE TO MAKE YOUR OWN FLIGHT ARRANGEMENTS THEN YOU WILL BE RESPONSIBLE FOR YOUR AIRPORT/HOTEL/AIRPORT TRANSFERS.

IF YOU WILL BE MAKING YOUR OWN FLIGHT ARRANGEMENTS PLEASE ARRIVE IN KUALA LUMPUR ON APRIL 7, 2018 AND DEPART FROM BALI ON APRIL 15, 2018.

INSURANCE

APPNA DOES NOT CARRY TRAVEL INSURANCE.

ATTENDEES ARE REQUIRED TO HAVE THEIR OWN INSURANCE FOR CANCELLATION, EMERGENCY, ACCIDENT, HEALTH, OR ANY TRAVEL RELATED INCIDENTS IN ORDER TO PARTICIPATE IN APPNA INTERNATIONAL MEETINGS.

REFUND/ CANCELLATION POLICY

BEFORE 01/15/2018

FULL REFUND LESS \$300/PERSON ADMINISTRATIVE FEE & CREDIT CARD FEES.

01/10/2018 – 02/05/2018

50% REFUND

AFTER 02/05/2017

NO REFUNDS.

ALL CANCELLATIONS MUST BE SUBMITTED IN WRITING TO MEETINGS@APPNA.ORG
CANCELLATION REQUESTS RECEIVED VIA PHONE/VOICEMAIL WILL NOT BE HONORED.

THIS REFUND/CANCELLATION POLICY IS NON-NEGOTIABLE.

ALL PARTICIPANTS MUST AGREE TO THE TERMS IN ORDER TO ATTEND APPNA INTERNATIONAL MEETINGS.

DISCLAIMER

THE RESPONSIBILITY OF APPNA IN COORDINATING TOUR, HOTEL, TRAVEL, OR VISA ARRANGEMENTS IS LIMITED. APPNA ASSUMES NO LIABILITY WHATSOEVER FOR INJURY, DAMAGE, LOSS, ACCIDENT, DELAY, OR IRREGULARITY WHICH MAY BE OCCASIONED EITHER BY REASON OF DEFECT, THROUGH THE ACTS OR DEFAULTS OF ANY COMPANY OR PERSON ENGAGES IN THE MANAGEMENT FOR TRAVEL OR TOUR, OR FROM ANY CAUSE BEYOND APPNA'S CONTROL. APPNA RESERVES THE RIGHT TO LIMIT OR REFUSE ATTENDANCE AT ANY TIME, FOR ANY REASON. SUBMITTING THIS APPLICATION DOES NOT GUARANTEE YOU OR YOUR GROUP TO ATTEND.

ITINERARY

DEVIATIONS TO PLANNED ITINERARY MAY OCCUR DUE TO WEATHER, TRAFFIC, OR ANY OTHER CONDITIONS BEYOND OUR CONTROL, SUCH AS STRIKE, ACTS OF GOD, WAR, FIRE, ACTS OF GOVERNMENT, RIOTS, ETC. WE WILL DO OUR BEST TO ENSURE THAT ALL THE TOURS AND VISITS ARE AS MENTIONED IN THE ITINERARY.

QUESTIONS

DURING NORMAL OFFICE HOURS

KAROLINA

MONDAY – FRIDAY

9 A.M. – 5 P.M

630-968-8585 EX: 106

AFTER HOURS

MEETINGS@APPNA.ORG

TIPU AHMAD

317-222-1370

TIPU@MEETINGSNMORE.US

HOTEL INFORMATION

NUMBER OF ROOMS NEEDED	<i>EACH ROOM MUST HAVE 2 PEOPLE UNLESS PAYING THE SINGLE-SUPPLEMENT FEE</i>		
ROOM TYPE <i>ROOM TYPE IS NOT GUARANTEED</i>	ROOM #1	ONE BED	TWO BEDS
	ROOM #2	ONE BED	TWO BEDS
SPECIAL NEEDS (IF ANY)			

REGISTRATION OPTIONS**THE MAIN REGISTRANT MUST BE AN ACTIVE APPNA MEMBER.****IF YOU HAVE NOT RENEWED FOR 2017/2018 THIS FEE WILL BE ADDED & CHARGED TO YOUR REGISTRATION TOTAL.****ALL ROOMS MUST HAVE TWO PEOPLE; FOR ONE PERSON IN A ROOM THE SINGLE SUPPLEMENT FEE MUST BE ADDED. FAILURE TO SELECT THE SINGLE SUPPLEMENT WILL RESULT IN IT BEING ADDED & CHARGED TO REGISTRATION TOTAL.**

TYPE	COST/PERSON	QUANTITY	SUB-TOTAL
OPTIONAL TRIP TO SINGAPORE <i>(MUST ARRIVE IN SINGAPORE ON 04/05/17)</i>	\$490.00		\$ _____
25TH INTERNATIONAL MEETING <i>FIRST & SECOND PERSON IN ROOM</i>	\$3,595.00		\$ _____
CHILD AGED 2-11 <i>SHARING ROOM W/TWO ADULTS MAX 2 BEDS ALLOWED</i>	\$2,350.00		\$ _____
CHILD UNDER THE AGE OF 2	FREE		\$0.00
SINGLE SUPPLEMENT	\$760.00		\$ _____
CME	\$300.00		\$ _____
APPNA ANNUAL MEMBERSHIP	\$125.00	1	\$ _____
TOTAL			\$ _____

ACKNOWLEDGMENT*HAVING SIGNED, I CONFIRM THAT I UNDERSTAND AND ACCEPTED ALL POLICIES, DISCLAIMERS, ACKNOWLEDGMENTS, AND MONETARY CHARGES STEMMING FROM THIS REGISTRATION.***PROCESSING FEE***A 3% NON-REFUNDABLE PROCESSING CHARGE WILL BE AUTOMATICALLY ADDED TO ALL CREDIT & DEBIT CARD TRANSACTIONS.***PAYMENT***REGISTRATIONS MISSING PAYMENT INFORMATION & SIGNATURE WILL NOT BE PROCESSED***CREDIT CARD PAYMENT**

PLEASE SUBMIT CREDIT CARD PAYMENT FORM VIA:	EMAIL	MEETINGS@APPNA.ORG		FAX	630-968-8677
MASTERCARD	DISCOVER	VISA	AMEX		
CARD HOLDER NAME					
CARD NUMBER					
EXPIRY DATE		CVV		BILLING ZIP CODE	
CARD HOLDER SIGNATURE REQUIRED					

CHECK PAYMENT**SUBMITTING INSTRUCTIONS:** PLEASE MAKE CHECK PAYABLE TO "APPNA" WITH MEMO "25TH KL & BALI".
COMPLETED FORM MUST BE MAILED WITH CHECK.

CHECK NUMBER	_____	MAILING ADDRESS	APPNA 6414 S. Cass Ave Westmont, IL 60559
CHECK ISSUER SIGNATURE REQUIRED			