



"FUNTASTIC" FAM WEEKEND REQUEST FORM

PLEASE PRINT AND FAX COMPLETED FORM TO (305) 406-6444. THANK YOU!

EVENT INFORMATION

Please provide:

Name of your Carnival Business Development Director/Manager: _____

Event Location: (Please check one):

- Miami Tampa Orlando Galveston New Orleans Long Beach San Diego
 Baltimore

Event Date: _____

REGISTRATION INFORMATION

Please provide the agency name and phone number you use to make Carnival bookings.

Agency Name: _____

Agency Phone: _____ Alternate Number: _____

Agency Address: _____ City: _____

State: _____ Zip Code: _____ Email: _____

Mr./Mrs./Ms _____ Date of Birth _____
 SMOKER NON SMOKER (MM/DD/YY)

Drivers License # _____ - or - Passport # _____
State Country

Mr./Mrs./Ms _____ Date of Birth _____
 SMOKER NON SMOKER (MM/DD/YY)

Drivers License # _____ - or - Passport # _____
State Country

If two agents are signing up from same agency, please indicate if you would you like to room together. YES NO
(If "No" we will pair you with another agent of same gender.)

Are you a member of CLIA? YES NO

PAYMENT METHOD

Please charge my credit card VISA MASTERCARD AMERICAN EXPRESS DISCOVER

(One credit card number per form)

Credit Card Number: | | | | | | | | | | | | | | | | | | | | | |

Cardholder's Name: _____

Expiration Date: _____ Amount to Charge: \$ _____

Signature of Cardholder: _____

Billing Address for Card: _____

Final confirmation/approval is at Carnival's discretion. Dates are subject to close, change or cancel at Carnival's sole discretion.
Please allow 72 hours for email confirmation.