**Participant Contract**

**Terms & Conditions**

**Important - read carefully**

**Responsibility:** University of Texas Health Science Center San Antonio - Continuing Dental Education, the sponsoring associations/organizations, and its and their employees, shareholders, subsidiaries, affiliates, officers, directors or trustees, successors, agents, and assigns collectively UTHSCSA-CDE, do not own or operate any entity which is to or does provide goods or services for your trip including, for example, lodging facilities, airline, vessel, or other transportation companies, guides or guide services, local ground operators, providers or organizers of optional excursions, food service providers, etc. All such persons and entities are independent contractors. As a result, UTHSCSA-CDE is not liable for any negligent or willful act or failure to act of any such person or entity of any third party.

In addition and without limitation, UTHSCSA-CDE is not responsible for any injury, loss, death, inconvenience, lack of availability of or access to appropriate medical attention, overbooking or downgrading of accommodations, mechanical or other failure of airplanes or other means of transportation, or for any failure of any transportation mechanism to arrive or depart on time.

If due to weather, flight schedules or other uncontrollable factors, you are required to spend an additional night(s), you will be responsible for your own hotel, transfers and meal costs. Baggage is entirely at owner's risk. The right is reserved to decline to accept or retain any person as a participant on these trips at any time. Specific room/cabin assignments are within the sole discretion of the hotel/cruise line.

UTHSCSA-CDE reserves the right to change the itinerary or trip features at any time and for any reason, with or without notice, and UTHSCSA-CDE shall not be liable for any loss of any kind as a result of any such changes. Hotel selections, sightseeing events, special programs and guest lecture series, are subject to change or cancellation without prior notice.

UTHSCSA-CDE is not responsible, therefore, is not required to compensate passengers under these circumstances. UTHSCSA-CDE may cancel a trip (or an option) for any reason whatsoever, if so, its sole responsibility is to refund monies paid by the participant to it. UTHSCSA-CDE is not required to cancel any trip for any reason including without limitation, United States Department of State, World Health Organization or other Warnings or Advisories of any kind. UTHSCSA-CDE is not responsible for penalties assessed by air carriers resulting from operational and/or itinerary changes, even if UTHSCSA-CDE cancels the trip. UTHSCSA-CDE reserves the right to substitute hotels or attractions of a similar category for those listed in this brochure.

**Not Included:** Taxes; passport, visa and associated fees; personal expenses such as laundry, telephone calls and Internet access; accident/sickness, trip cancellation, and baggage insurance; gratuities to hotel personnel; optional site seeing excursions; baggage charges on aircraft; local departure air/airport tax(es); airfare and associated local taxes, airport facility and security taxes and federal inspection fees not listed in trip itinerary; transfers and baggage handling to/from airport/hotel if you are arriving earlier or later than and/or departing earlier or later than the scheduled group transfer(s); any overnight on land due to flight schedule(s); meals, alcoholic or other beverages and all other services not specifically mentioned.

**Airfare:** All passengers are responsible for their own airline arrangements. Airline cancellation policies are the responsibility of each passenger therefore airline cancellation insurance should be considered at the time of booking. Your airline ticket constitutes a contract between you and the airline.

**Luggage:** Luggage allowance policies are set by the airlines and may change without prior notice. Please contact your airline(s) for the most current luggage allowance policy.

**Physical accessibility:** All programs require physical independence and mobility. Any physical or mental condition that may require special medical attention or physical assistance (for example, the need for a wheelchair) must be reported in writing when you make your reservation. Travelers must be able to embark or disembark motor coaches alone or with minimal assistance from your traveling companion and climb stairs without assistance. Travelers requiring assistance must travel with a companion who will be responsible for handling equipment.

**Discounted reservations:** Discounts of $750 and $325 per passenger apply only to those reservations received in the offices of UTHSCSA-CDE in writing, accompanied by the required deposit and first payments as stated before July 17, and December 1, 2014. An application for Pre/Post Program(s) reservation(s) will not be effective until received in writing in the offices of UTHSCSA-CDE. If you must cancel your participation in this travel program, please notify the Office of Continuing Dental Education, The University of Texas Health Science Center San Antonio, as soon as you determine you are unable to attend so that a refund may be considered. Written notification is required within five business days by mail, fax or e-mail to initiate the refund process. Our tour operator Cruise & Travel Partners, LLC is responsible for issuing ALL refunds based on correspondence to you from the Office of Continuing Dental Education. Please allow four to six weeks for all refunds.

Cancellations: All Inclusive Land Package Cancellation and Refund Policy Cancellations for all or any part of the trip including Pre/Post Program(s) reservation(s) will not be effective until received in writing in the offices of UTHSCSA-CDE. If you must cancel your participation in this travel program, please notify the Office of Continuing Dental Education. The University of Texas Health Science Center San Antonio, as soon as you determine you are unable to attend so that a refund may be considered. Written notification is required within five business days by mail, fax or e-mail to initiate the refund process. Our tour operator Cruise & Travel Partners, LLC is responsible for issuing ALL refunds based on correspondence to you from the Office of Continuing Dental Education. Please allow four to six weeks for all refunds.

Cancellations for the All Inclusive Land Package made prior to December 17, 2014 will result in forfeiture of $400 per passenger. Cancellations made after December 17 and prior to March 17, 2015 will result in forfeiture of 25% of the travel fee. Cancellations made after March 17 and prior to May 17, 2015 will result in forfeiture of 60% of the travel fee. Cancellations made after May 17, 2015 will result in forfeiture of 100% of the travel fee.

Airline cancellation policies are the responsibility of each passenger. Airline cancellation insurance should be considered at the time of booking. In addition, any applicable excursion cancellation fees and administrative fee may apply. Travel protection cancellation insurance is available. Contact Cruise and Travel Partners.

**Passport To Continuing Dental Education Cancellation Policy:** If you must cancel your course registration of this travel program, please notify the Office of Continuing Dental Education as soon as you determine you are unable to attend so that a refund may be considered. Due to commitments to these types of programs, any cancellation made prior to May 17, 2015 will be subject to an administrative fee assessment of $175. Any cancellation made after May 17, 2015 does not qualify for a refund. However, participants may choose to place their tuition minus an administrative and direct cost fee assessment into a holding account for future use. “No Shows” will not qualify for refunds. Written notification is required within five business days by mail, fax or e-mail to initiate the refund process. Please allow four to six weeks for all refunds following the completion of the program.

**Trip insurance:** Because our cancellation policies are strictly enforced, we strongly recommend that you purchase trip cancellation insurance. In the event that you must cancel your participation in a travel program, trip cancellation insurance may be the only source of reimbursement.

**Rates:** Prices quoted are based on exchange rates in effect at the time of printing and are subject to change at any time. UTHSCSA-CDE reserves the right to increase the tour price in the event of cost increases due to changes in currency fluctuations or fuel or energy surcharges and all such increases are to be paid to UTHSCSA-CDE upon notice to the tour participant of such reasonable increases.

**Arbitration agreement:** Any controversy or claim arising out of or relating in any way to these Terms and Conditions, the brochure, or any other information relating in any way to the trip, or to the trip itself, shall be settled solely and exclusively by binding arbitration, in accordance with the commercial rules of the American Arbitration Association in effect on March 1, 2014.

The arbitrator and not any federal, state, or local court or agency shall have exclusive authority to resolve any dispute relating to the interpretation, applicability, enforceability, conscionability, or formation of this contract, including but not limited to any claim that all or any part of this contract is void or voidable.

**Acceptance of contract:** By forwarding of deposit, the participant certifies that he/she does not have any mental, physical or other condition of disability that would create a hazard for him/her or other participants and accepts the terms and conditions of this contract.

**Join us 2015!**
Passport to Continuing Dental Education - Ireland • July 17-26, 2015

 Reserve your land package space before December 1, 2014 and save $750 per couple

☐ SAVE $750 per couple by making a deposit of $1,000 per passenger between August 2 and December 1, 2014 and make your first payment of $1,125 for each passenger before December 1, 2014 to receive the second lowest all inclusive land package fee of $3,875 each. The remaining $1,750 per passenger is due before May 17, 2015.

☐ SORRY Discounts will not be available after December 1, 2014. Participants can reserve space with a deposit of $2,125 per passenger between December 2 and May 16, 2015. The remaining $2,125 per passenger is due before May 17, 2015.

I wish to take the following Continuing Dental Education course

☐ $490 I qualify for the Summer of “CEREC” course fee of $490. (CEREC users only)

☐ $490 I qualify for a reduced “Passport to Continuing Dental Education” C.E course fee of $490.

☐ SORRY I missed the December 1, 2014 deadline for both courses. It’s ok to charge my credit card $545.

(Please use one form per person-photocopy as needed. You will need to print this form to fax or mail)

Name_________________________DOB_____/_____/_____ ☐ DDS ☐ DMD ☐ BDS
Office Address_________________________________________Suite No._____________________
City/State/Zip________________________________________

Home Address________________________________________
City/State/Zip________________________________________
Office Phone_________________________________________ Home Phone________________________________________

Email_____________________________________________ Fax Number________________________________________

Dental School_________________________________________Year of Graduation____________________

Enclosed (payable to UTHSCSA): Check No.__________________ or ☐ Visa ☐ MasterCard ☐ Discover

☐ YES! UTHSCSA can charge my credit card:

Card Number_________________________________________ Exp. Date ____________________
(include the last three numbers on the signature part of the card)

Name on Card________________________________________

PLEASE NOTE: Your signature and receipt of this registration form by UTHSCSA and Cruise and Travel, LLC constitutes your acceptance of the terms and condition set out herein, including but not limited to the cancellation terms.

☐ Contact me about golf. Call me at:_________________________ Best time to call ______________

☐ Sharing with _____________________________. (Please use one form per person-photocopy as needed)

☐ I prefer single accommodations for an additional $1,200 (limited availability).

☐ I need assistance in securing a roommate but will accept a single, if one is available at this time, and will pay the single supplement. Should a roommate be found, I understand the supplement fee will no longer apply.

Please call the Office of Continuing Dental Education at (210) 567-3177 to pre-register or fax it to (210) 567-6807 or mail the registration form with credit card number or check made payable to “UTHSCSA” to:

UTHSCSA
Continuing Dental Education MSC 7930
7703 Floyd Curl Drive
San Antonio, Texas 78229-3900

For CDE Office Use Only:
Credit: Name of promoting partner:__________________________ Date received stamp:__________________________