

Please fax, email or mail the completed form below. We will contact you within 24 hours of receiving your registration.

Email: derek@CEAdventureTravel.com

Mail: PO Box 187, Rockville, MN 56269

Fax: (530) 420-3693



CE Adventure Travel, LLC

Registration Form

CEU Registration	
Full Name (as it appears on Passport):	
Address:	_____ _____
Telephone #:	
Email Address:	
Profession:	
State of License:	
License#:	

CRUISE Registration: CRUISER #1 (Person taking CEUs)	
Passport #:	Are you a US citizen: YES or NO
City of Issue (This is printed on your passport):	
Date of Birth:	

CRUISE Registration: CRUISER #2 (same cabin)	
FULL Name (as it appears on passport):	
Passport #:	Are you a US citizen? YES or NO
City of Issue (This is printed on your passport):	
Date of Birth:	
Address (if different from cruiser #1):	_____ _____
Telephone#:	Email Address:

Multiple guests are welcome - please let us know if you have more guests when we contact you!

Mental Health Registration Fee: 14 hours of CEU 11/4/12-11/5/12

"Understanding Child Behavior and Trauma: Helping Children and Parents through the Wounds"

Date Registered	Cost
Before May 1st, 2012	\$350
After May 1st, 2012	\$400

Total for Registration: \$ _____

Cruise Registration: Norwegian EPIC 11/3/12-11/10/12 'Cruising the Caribbean'

Type of Cabin	Cost (does not include taxes)
Inside Cabin (class IF)	\$599 (based on double occupancy: $2 \times 599 = 1198$)
Balcony Cabin (class BC)	\$929 (based on double occupancy: $2 \times 929 = 1858$)
Studio Single (class TI)	\$959 (this is a single person cabin)

Total for Cruise: \$ _____

I understand that taxes will be added to my cruise price by the cruise company. I am authorizing payment for the above amounts, plus these taxes.

- I am paying by check. Please wait for us to contact you before you send a check.
 I am paying with credit card: There will be NO charges until we contact you to confirm.

VISA, MasterCard, Discover (please circle one)

Credit Card# _____ Expiration Date: _____

Name as it appears on the card: _____

Billing Address: _____

Security number on the back of the card: _____

Signature: _____ Date: _____

Please let us know if you would like us to arrange airfare or pre/post cruise hotel rooms.