

OMEGA DENTAL SEMINAR APPLICATION

**PLEASE MAIL YOUR APPLICATION AND PAYMENTS TO: PARADISE VACATION AND TRAVEL CO., INC.**  
5725 MISTY HILL COVE, AUSTIN, TEXAS 78759 PHONE (512) 418-0290 - FAX (512) 418-0573  
E-MAIL: [PARADISE@AUSTIN.RR.COM](mailto:PARADISE@AUSTIN.RR.COM) with any questions or requests.

A \$125 per person DEPOSIT IS REQUIRED WITH THIS APPLICATION (Single Occupancy deposit is \$250)  
[ ] I ELECT TO MAKE ALL PAYMENTS BY CHECK [ ] I ELECT TO MAKE ALL PAYMENTS BY CREDIT CARD

NAME ON THE CREDIT CARD: \_\_\_\_\_ SIGNATURE OF OWNER: \_\_\_\_\_

CREDIT CARD NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

- [ ] I WISH TO MAKE EQUAL MONTHLY PAYMENTS OF MY BALANCE DUE THROUGH AUGUST 31, 2008
- [ ] I WISH TO MAKE 4 PAYMENTS OF MY BALANCE DUE BETWEEN NOW AND AUGUST 31, 2008
- [ ] PAYING IN FULL NOW

FULL LEGAL NAMES AS THEY APPEAR ON YOUR PASSPORTS. ARE YOU U.S. CITIZENS ? YES \_\_\_\_\_ NO \_\_\_\_\_

(1) \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ (Please circle one) SEMINAR YES or NO

(2) \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ SEMINAR YES or NO

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ WORK PHONE # \_\_\_\_\_ EMAIL: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_

Paradise Vacation and Travel Co., Inc. is an agent only for its principals, the airlines, hotels, cruise operators, tour operators, motor coach operators and other suppliers of travel arrangements, accommodations, and entertainment services throughout the world, and, as an agent, is not and can not be held liable for any negligence or wrongful acts, errors, or omissions on the part of any such supplier of travel arrangements, accommodations, or services which may result in any Death, Damage, Loss, Injury, Delay or Inconvenience to you. Your purchase and retention of airline and/or cruise tickets or other travel documents from Paradise Vacation and Travel Co., Inc. or the use of reservations for travel accommodations procured from this agency constitutes an acknowledgement of and consent to the forgoing limitation of liability.

**CHECK YOUR PREFERANCE:**

- ( ) INSIDE CABIN @ \$ 430 PER PERSON DOUBLE or ( ) \$815 SINGLE OCCUPANCY RATE
- ( ) OCEANVIEW CABIN @ \$490 PER PERSON or ( ) \$935 SINGLE OCCUPANCY RATE
- ( ) SEMINAR #1 ONLY @\$50pp - ( ) SEMINAR #2 ONLY @\$50pp - ( ) BOTH SEMINARS @\$85pp

WE WOULD LIKE OUR DINING RESERVATIONS FOR THE EARLY 6PM SEATING ( ) or LATE 8PM SEATING ( )

[ ] I/WE WILL APPLY FOR TRAVEL INSURANCE PROTECTION [ ] I/WE DECLINE TRAVEL INSURANCE

ARE THERE ANY SPECIAL MEDICAL CONDITIONS, OR DIETARY NEEDS WE SHOULD BE MADE AWARE OF?  
PLEASE LIST: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Signature authorizes Paradise Vacation and Travel Co., Inc. to process credit card charges for all amounts when due. Additionally, by your signature above you agree that you understand the terms and conditions for notification in writing of any changes and or cancellations/penalties as well as your responsibility to have the proper travel documents and punctuality for flights and scheduled sailings.